

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400095607

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-16451-00
6. County: WELD
7. Well Name: MCCARTHY
Well Number: 11-12
8. Location: QtrQtr: NWNW Section: 12 Township: 4N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 09/10/2010 Date of First Production this formation: 09/16/2010
Perforations Top: 6870 Bottom: 7208 No. Holes: 79 Hole size: 0.38
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
NBRR Perf 6870-7008 Holes 19 CODL Perf 7192-7208 Holes 60 Size 0.38
Reperf CODL 7203-7208 Holes 10 Size 0.38.
Trifrac CODL w/ 162,204 gal SW & 115,960# 20/40 sand & 4,000# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 09/24/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 120 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 1 Mcf Gas: 120 Bbls H2O: 0 GOR: 12000
Test Method: FLOWING Casing PSI: 243 Tubing PSI: _____ Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1204 API Gravity Oil: 64
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email Cindy.Vue@anadarko.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____