

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number:

400148883

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

5. API Number 05-069-06421-00 6. County: LARIMER
7. Well Name: ENCORE Well Number: 6-12
8. Location: QtrQtr: NENW Section: 12 Township: 5N Range: 68W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/08/2011 Date of First Production this formation: 03/03/2011
Perforations Top: 7174 Bottom: 7519 No. Holes: 138 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: [ ]

NB Perf 7174-7400 Holes 54 Size 0.42 CD Perf 7498-7519 Holes 84 Size 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 246,374 gal Slickwater w/ 200,700# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 202,898 gal Slickwater w/ 150,480# 40/70, 4,000# SB Excel

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 03/28/2011 Hours: 24 Bbls oil: 93 Mcf Gas: 14 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 93 Mcf Gas: 14 Bbls H2O: 0 GOR: 151
Test Method: FLOWING Casing PSI: 157 Tubing PSI: Choke Size: 28/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 API Gravity Oil: 42
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  
:

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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