


| | | | | | | | |
|--|--|---|---|----|----|----|----|
| 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 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400164468</div> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | | | | | |
| <p>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.</p> | | | | | | | |
| 1. OGCC Operator Number: <u>47120</u> | | 4. Contact Name: <u>CARA MAHLER</u> | | | | | |
| 2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u> | | Phone: <u>(720) 929-6029</u> | | | | | |
| 3. Address: <u>P O BOX 173779</u> | | Fax: <u>(720) 929-7029</u> | | | | | |
| City: <u>DENVER</u> | State: <u>CO</u> | Zip: <u>80217-37</u> | | | | | |
| 5. API Number <u>05-123-32177-00</u> | | 6. County: <u>WELD</u> | | | | | |
| 7. Well Name: <u>WILDFLOWER</u> | | Well Number: <u>23-27</u> | | | | | |
| 8. Location: QtrQtr: <u>NESE</u> | Section: <u>27</u> | Township: <u>2N</u> | Range: <u>68W</u> Meridian: <u>6</u> | | | | |
| 9. Field Name: <u>SPINDLE</u> | | Field Code: <u>77900</u> | | | | | |
| <u>Completed Interval</u> | | | | | | | |
| FORMATION: <u>J-NIOBRARA-CODELL</u> | | Status: <u>COMMINGLED</u> | | | | | |
| Treatment Date: <u>04/06/2011</u> | | Date of First Production this formation: <u>05/04/2011</u> | | | | | |
| Perforations Top: <u>7730</u> | Bottom: <u>8476</u> | No. Holes: <u>150</u> | Hole size: <u>0.38</u> | | | | |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Test Information: | | | | | | | |
| Date: <u>05/10/2011</u> | Hours: <u>24</u> | Bbls oil: <u>5</u> | Mcf Gas: <u>20</u> Bbls H2O: <u>0</u> | | | | |
| Calculated 24 hour rate: | | Bbls oil: <u>5</u> | Mcf Gas: <u>20</u> Bbls H2O: <u>0</u> GOR: <u>4000</u> | | | | |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>1347</u> | Tubing PSI: | Choke Size: <u>12/64</u> | | | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1147</u> | API Gravity Oil: <u>49</u> | | | | |
| Tubing Size: | Tubing Setting Depth: | Tbg setting date: | Packer Depth: | | | | |
| Reason for Non-Production: | | | | | | | |
| | | | | | | | |
| Date formation Abandoned: | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt | | | | |
| Bridge Plug Depth: | | Sacks cement on top: | | | | | |

| | | | | | |
|---|-----------------------------|---|---|--------------------------|------------|
| FORMATION: <u>J SAND</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>04/06/2011</u> | | Date of First Production this formation: <u>05/04/2011</u> | | | |
| Perforations | Top: <u>8458</u> | Bottom: <u>8476</u> | No. Holes: <u>36</u> | Hole size: <u>0.38</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| Frac J-Sand down 4-1/2" Csg w/ 152,678 gal Slickwater w/ 115,300# 40/70, 4,000# SB Excel. | | | | | |
| This formation is commingled with another formation: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Test Information: | | | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | |
| Calculated 24 hour rate: | | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | GOR: _____ |
| Test Method: _____ | Casing PSI: _____ | Tubing PSI: _____ | Choke Size: _____ | | |
| Gas Disposition: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | | | |

| | | | | | |
|---|-----------------------------|---|---|--------------------------|------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>04/12/2011</u> | | Date of First Production this formation: <u>05/04/2011</u> | | | |
| Perforations | Top: <u>7730</u> | Bottom: <u>8042</u> | No. Holes: <u>114</u> | Hole size: <u>0.38</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| NB PERF 7730-7910 HOLES 66 SIZE .38 CD PERF 8024-8042 HOLES 54 SIZE .42 Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 245,146 gal Slickwater w/ 200,320# 40/70, 4,000# SB Excel. Frac Codell down 4-1/2" Csg w/ 207,637 gal Slickwater w/ 150,260# 40/70, 4,000# SB Excel. | | | | | |
| This formation is commingled with another formation: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Test Information: | | | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | |
| Calculated 24 hour rate: | | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | GOR: _____ |
| Test Method: _____ | Casing PSI: _____ | Tubing PSI: _____ | Choke Size: _____ | | |
| Gas Disposition: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 5/12/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400164468 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)