

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:

400208911

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 4. Contact Name: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-24115-00 6. County: WELD
7. Well Name: XCEL Well Number: 23-11
8. Location: QtrQtr: NWSE Section: 11 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
Treatment Date: 09/07/2011 Date of First Production this formation: 10/04/2006
Perforations Top: 6974 Bottom: 7270 No. Holes: 170 Hole size: 0.41
Provide a brief summary of the formation treatment: Open Hole: ☐
Re-Frac Codell down 4-1/2" Csg w/ 258,216 gal Slickwater w/ 208,040# 40/70, 4,000# SB Excel, 0# .
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 09/24/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 33 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 33 Bbls H2O: 0 GOR: 8250
Test Method: FLOWING Casing PSI: 1304 Tubing PSI: 1185 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1188 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7220 Tbg setting date: 09/14/2011 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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 9/27/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400208911 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)