

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:

400216368

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 05-123-22172-00 6. County: WELD
7. Well Name: TIMMERMAN Well Number: 20-13
8. Location: QtrQtr: SESE Section: 13 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/28/2011 Date of First Production this formation: 10/05/2011

Perforations Top: 6807 Bottom: 7114 No. Holes: 113 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: ☐

REPERF NB (9/13/11) 6816-6992 HOLES 46 SIZE .32
Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 233,100 gal Slickwater w/ 150,132# 40/70, 4,000# SB Excel.

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

Test Information:

Date: 10/13/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 271 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 271 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 780 Tubing PSI: Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1157 API Gravity Oil: 59

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 10/19/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400216368	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)