

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400228227

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: Cindy Vue

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6832

3. Address: P O BOX 173779

Fax: (720) 929-7832

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33141-00

6. County: WELD

7. Well Name: CARTER

Well Number: 10-32

8. Location: QtrQtr: NWSE Section: 32 Township: 2N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 08/01/2011

Date of First Production this formation: 10/20/2011

Perforations Top: 7340 Bottom: 7540 No. Holes: 112 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 7340-7408 TOTAL 52 SIZE 0.42 CD PERF 7520-7540 TOTAL 60 SIZE 0.38
Frac Niobrara C down 4-1/2" Csg w/ 252 gal 15% HCl & 229,383 gal Slickwater w/ 153,520# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 205,808 gal Slickwater w/ 150,000# 40/70, 4,000# SB Excel

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

Test Information:

Date: 10/20/2011 Hours: 24 Bbls oil: 60 Mcf Gas: 364 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 364 Bbls H2O: 0 GOR: 6066

Test Method: FLOWING Casing PSI: 743 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1164 API Gravity Oil: 47

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: 12/1/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400228227	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)