

**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:

400239653

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 05-123-21841-00 6. County: WELD
7. Well Name: YAMAGUCHI Well Number: 10-27
8. Location: QtrQtr: NWSE Section: 27 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed IntervalFORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 12/21/2011 Date of First Production this formation: 12/29/2011
Perforations Top: 7054 Bottom: 7328 No. Holes: 114 Hole size: 0.38

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

CDL REPERF (12/20/2011) 7312-7328 HOLES 32 SIZE .42 NB REPERF (12/20/2011) 7062-7165 HOLES 44 SIZE .42
Re-Frac Codell down 4-1/2" Csg w/ 203,994 gal Slickwater w/ 151,660# 40/70, 4,000# SB Excel.
Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 253,222 gal Slickwater w/ 198,700# 40/70, 4,000# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 01/09/2012 Hours: 24 Bbls oil: 57 Mcf Gas: 214 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 57 Mcf Gas: 214 Bbls H2O: 0 GOR: 3754
Test Method: FLOWING Casing PSI: 1950 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1315 API Gravity Oil: 50
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 MAHLERTitle: REGULATORY ANALYST 1 Date: _____ Email CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)