

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:

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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 05-123-33725-00 6. County: WELD
7. Well Name: HOWARD Well Number: 24-32
8. Location: QtrQtr: SWNE Section: 32 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 12/19/2011 Date of First Production this formation: 01/30/2012
Perforations Top: 7440 Bottom: 8318 No. Holes: 168 Hole size: 0.42

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

NB PERF 7440-7716 HOLES 54 SIZE 0.47
CD PERF 7864-7884 HOLES 60 SIZE 0.42
J S PERF 8300-8318 HOLES 54 SIZE 0.42

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

Test Information:

Date: 01/31/2012 Hours: 24 Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0 GOR: 2000
Test Method: FLOWING Casing PSI: 1450 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1313 API Gravity Oil: 48
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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 12/19/2011 Date of First Production this formation: 01/30/2012

Perforations Top: 8300 Bottom: 8318 No. Holes: 54 Hole size: 0.42

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

J S PERF 8300-8318 HOLES 54 SIZE 0.42
Frac J-Sand down 4-1/2" Csg w/ 148,050 gal Slickwater w/ 115,260# 40/70, 4,000# SB Excel

This formation is commingled with another formation: ☒ Yes ☐ 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: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/10/2012 Date of First Production this formation: 01/30/2012

Perforations Top: 7440 Bottom: 7884 No. Holes: 114 Hole size: 0.42

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

NB PERF 7440-7716 HOLES 54 SIZE 0.47 CD PERF 7864-7884 HOLES 60 SIZE 0.42
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 236,756 gal Slickwater w/ 200,940# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 197,375 gal Slickwater w/ 151,160# 40/70, 4,000# SB Excel

This formation is commingled with another formation: ☒ Yes ☐ 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: _____

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: _____ Email Cindy.Vue@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)