

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

5. API Number 05-123-13705-00
6. County: WELD
7. Well Name: JERKE Well Number: 2
8. Location: QtrQtr: NESW Section: 15 Township: 4N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/06/2012 Date of First Production this formation: 02/06/2012
Perforations Top: 6798 Bottom: 7104 No. Holes: 109 Hole size: 0.42

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

CDL REPERF (12/30/11) 7029-7104 HOLES 48 SIZE .32 NB REPERF (12/30/11) 6800-6988 HOLES 42 SIZE .42
Re-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 207,102 gal Slickwater w/ 150,000# 40/70, 4,000# SB Excel, 0# .
Re-Frac Niobrara A & B & C down 2-7/8" Tbg w/ Pkr ^ Nio w/ 250 gal 15% HCl & 243,140 gal Slickwater w/ 200,535# 40/70, 4,000# SB Excel, 0# .

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/13/2012 Hours: 24 Bbls oil: 23 Mcf Gas: 367 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 23 Mcf Gas: 367 Bbls H2O: 0 GOR: 15955
Test Method: FLOWING Casing PSI: 573 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1246 API Gravity Oil: 40
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: 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

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

Total: 0 comment(s)