

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:

400239571

Date Received:

01/11/2012

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 05-123-18227-00

6. County: WELD

7. Well Name: MCALLISTER

Well Number: 32-12

8. Location: QtrQtr: SWNE Section: 12 Township: 4N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 12/07/2011

Date of First Production this formation: 12/27/2011

Perforations Top: 6833 Bottom: 7111 No. Holes: 56 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

REPERF CDL 11/21/2011: 7101-7111 HOLES 20 SIZE .38

Tri-Frac Codell down 4-1/2" Csg w/ 194,250 gal Slickwater w/ 151,180# 40/70, 4,000# SuperLC

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

Test Information:

Date: 01/09/2012 Hours: 24 Bbls oil: 43 Mcf Gas: 55 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 43 Mcf Gas: 55 Bbls H2O: 0 GOR: 1279

Test Method: FLOWING Casing PSI: 1157 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1318 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: 1/11/2012 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400239571	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)