

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:

400239653

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 05-123-21841-00 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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/21/2011</u>	Date of First Production this formation: <u>12/29/2011</u>
Perforations Top: <u>7054</u> Bottom: <u>7328</u>	No. Holes: <u>114</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>CDL REPERF (12/20/2011) 7312-7328 HOLES 32 SIZE .42 NB REPERF (12/20/2011) 7062-7165 HOLES 44 SIZE .42</u> <u>Re-Frac Codell down 4-1/2" Csg w/ 203,994 gal Slickwater w/ 151,660# 40/70, 4,000# SB Excel.</u> <u>Re-Frac Niobrara A &amp; B &amp; C down 4-1/2" Csg w/ 250 gal 15% HCl &amp; 253,222 gal Slickwater w/ 198,700# 40/70, 4,000# SB Excel.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>01/09/2012</u> Hours: <u>24</u> Bbls oil: <u>57</u> Mcf Gas: <u>214</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>57</u> Mcf Gas: <u>214</u> Bbls H2O: <u>0</u> GOR: <u>3754</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1950</u> Tubing PSI: <u></u> Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1315</u> API Gravity Oil: <u>50</u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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
400239653	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)