

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:

400241868

Date Received:

01/17/2012

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 05-123-17613-00

6. County: WELD

7. Well Name: MOSSBERG

Well Number: 41-31

8. Location: QtrQtr: NENE Section: 31 Township: 5N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 01/04/2012

Date of First Production this formation: 12/30/1993

Perforations	Top:	6984	Bottom:	7324	No. Holes:	107	Hole size:	0.38
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Provide a brief summary of the formation treatment:

Open Hole:

CDL REPERF (12/28/2011) 7308-7324 HOLES 16 SIZE .38 NB REPERF (12/28/2011) 6984-7126 HOLES 40 SIZE .38
Re-Frac Niobrara A & B down 2-7/8" Csg w/ 250 gal 15% HCl & 162,668 gal Super Z LpH Hybrid w/ 250,540# 30/50, 4,000# SB
Excel, 0# .
Re-Frac Codell down 2-7/8" Csg w/ 121,002 gal Super Z LpH w/ 261,080# 20/40, 4,000# SB Excel, 0# .

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

Test Information:

Date:	01/16/2012	Hours:	24	Bbls oil:	5	Mcf Gas:	29	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	5	Mcf Gas:	29	Bbls H2O:	0	GOR:	5800
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Test Method: FLOWING	Casing PSI: 1825	Tubing PSI:	Choke Size: 14/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1289	API Gravity Oil:	59
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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: 1/17/2012 CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

Att Doc Num	Name
400241868	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected date of first production with opr permission.	3/29/2012 4:04:44 PM

Total: 1 comment(s)