

**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:

400241773

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      05-123-22271-00

6. County: WELD

7. Well Name: MOSSBERG

Well Number: 8-31

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

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 12/29/2011

Date of First Production this formation: 01/06/2012

Perforations	Top:	6984	Bottom:	7310	No. Holes:	142	Hole size:	0.38
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Provide a brief summary of the formation treatment:

Open Hole: 

REPERF CDL (12/19/2011) 7292-7310 HOLES 36 SIZE .38      REPERF NB (12/19/2011) 6984-7176 HOLES 50 SIZE .42  
 Re-Frac Codell down Casing w/ 203,017 gal Slickwater w/ 150,840# 40/70, 4,000# 20/40.  
 Re-Frac Niobrara A & B & C down Casing w/ 250 gal 15% HCl & 237,434 gal Slickwater w/ 198,400# 40/70, 4,000# 20/40.

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

**Test Information:**

Date:	01/16/2012	Hours:	24	Bbls oil:	2	Mcf Gas:	10	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	2	Mcf Gas:	10	Bbls H2O:	0	GOR:	5000
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Test Method: FLOWING	Casing PSI: 1850	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      Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400241773	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)