

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:

400252331

Date Received:

02/15/2012

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 | 05-123-13705-00 |
|---------------|-----------------|

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: WATTENBERG Field Code: 90750

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: 2/15/2012 CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400252331 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)