

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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Date Received:

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: JOEL MALEFYT
Phone: (720) 929-6828
Fax: (720) 929-7828

5. API Number 05-123-33950-00
6. County: WELD
7. Well Name: POWERS
Well Number: 28C-23HZ
8. Location: QtrQtr: SWSE Section: 23 Township: 2N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 02/05/2012 Date of First Production this formation: 02/27/2012

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☒

FRAC'D THROUGH AN OPEN HOLE LINER BETWEEN 7876-11654. AVERAGE TREATING PRESSURE 5269, AVERAGE RATE 51.4 TOTAL BBLS OF FLUID 61695, TOTAL SAND WEIGHT 2876877.

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

Test Information:

Date: 02/28/2012 Hours: 24 Bbls oil: 147 Mcf Gas: 187 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 147 Mcf Gas: 187 Bbls H2O: 0 GOR: 1272

Test Method: FLOWING Casing PSI: 2000 Tubing PSI: 1800 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1329 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7159 Tbg setting date: 02/23/2012 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: JOEL MALEFYT

Title: REGULATORY ANALYST Date: _____ Email JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)