

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400263525

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

4. Contact Name: JOEL MALEFYT

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6828

3. Address: P O BOX 173779

Fax: (720) 929-7828

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34194-00

6. County: WELD

7. Well Name: COLFER

Well Number: 13N-34HZ

8. Location: QtrQtr: NWNW Section: 34 Township: 2N Range: 65W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 02/24/2012

Date of First Production this formation: 03/09/2012

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

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

FRAC'D THROUGH OPEN HOLE LINER 7542-11417. AVERAGE TREATING PRESSURE 5106, AVERAGE RATE 55.8, TOTAL BBLS OF FLUID 65048, TOTAL WEIGHT OF SAND 3127259.

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

Test Information:

Date: 03/31/2012 Hours: 24 Bbls oil: 10 Mcf Gas: 100 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 100 Bbls H2O: 0 GOR: 10000
Test Method: FLOWING Casing PSI: 1919 Tubing PSI: 972 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1305 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6888 Tbg setting date: 03/06/2012 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)