

FORM  
5A

Rev  
06/12

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 05-123-33788-00  
6. County: WELD  
7. Well Name: STREAR  
Well Number: 21-10  
8. Location: QtrQtr: NENE Section: 10 Township: 2N Range: 67W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE  
Treatment Date: 04/30/2012 End Date: 04/30/2012 Date of First Production this formation: 05/09/2012  
Perforations Top: 7700 Bottom: 7716 No. Holes: 64 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF CODL 7700-7716 HOLES 64 SIZE .38  
Frac CODL down 4.5" casing w/ 185,220 gal slickwater w/ 149,720# 40/70, 4,000# 20/40.  
Broke @ 3,802 psi @ 4.9 bpm. ATP=4,504 psi; MTP=5,434 psi; ATR=60.0 bpm; ISDP=3,063 psi

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

Total fluid used in treatment (bbl): 4410 Max pressure during treatment (psi): 5434

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Number of staged intervals: 1

Total acid used in treatment (bbl): Max frac gradient (psi/ft):

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 4410 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 153720 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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:

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: FRACTURE	
Treatment Date: 04/30/2012		End Date: 04/30/2012		Date of First Production this formation: 05/08/2012	
Perforations Top: 7490		Bottom: 7716		No. Holes: 124      Hole size: 0.47	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
PERF NBRR 7490-7570 HOLES 60 SIZE .47 PERF CODL 7700-7716 HOLES 64 SIZE .38					
This formation is commingled with another formation:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): _____		Max pressure during treatment (psi): _____			
Total gas used in treatment (mcf): _____		Fluid density at initial fracture (lbs/gal): _____			
Type of gas used in treatment: _____		Number of staged intervals: _____			
Total acid used in treatment (bbl): _____		Max frac gradient (psi/ft): _____			
Recycled water used in treatment (bbl): _____		Flowback volume recovered (bbl): _____			
Fresh water used in treatment (bbl): _____		Disposition method for flowback: _____			
Total proppant used (lbs): _____		Rule 805 green completion techniques were utilized: <input type="checkbox"/>			
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
Date: 05/10/2012	Hours: 24	Bbl oil: 20	Mcf Gas: 16	Bbl H2O: 0	
Calculated 24 hour rate:	Bbl oil: 20	Mcf Gas: 16	Bbl H2O: 0	GOR: 800	
Test Method: FLOWING	Casing PSI: 1500	Tubing PSI: 1374	Choke Size: 14/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1310	API Gravity Oil: 49		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE  
Treatment Date: 04/30/2012 End Date: 04/30/2012 Date of First Production this formation: 05/09/2012  
Perforations Top: 7490 Bottom: 7570 No. Holes: 60 Hole size: 0.47  
Provide a brief summary of the formation treatment: Open Hole: ☐

PERF NBRR 7490-7570 HOLES 60 SIZE .47  
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 241,418 gal slickwater w/ 200,400# 40/70, 4,000# 20/40.  
Broke @ 3,154 psi @ 5.1 bpm. ATP=4,593 psi; MTP=5,782 psi; ATR=61.8 bpm; ISDP=3,236 psi;

This formation is commingled with another formation: ☒ Yes ☐ No  
Total fluid used in treatment (bbl): 5748 Max pressure during treatment (psi): 5782  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30  
Type of gas used in treatment: Number of staged intervals: 1  
Total acid used in treatment (bbl): Max frac gradient (psi/ft):  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): 5748 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 204400 Rule 805 green completion techniques were utilized: ☒  
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

**Test Information:**

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
Test Method: Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:  
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: JOEL MALEFYT  
Title: REGULATORY ANALYST Date: Email: JOEL.MALEFYT@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)