

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reoperation 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 05-123-33784-00
6. County: WELD
7. Well Name: STREAR
Well Number: 17-10
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: 04/23/2012 End Date: 04/23/2012 Date of First Production this formation: 05/09/2012

Perforations Top: 7570 Bottom: 7586 No. Holes: 64 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

PERF CODL 7570-7586 HOLES 64 SIZE .38
Frac CODL down 4.5" casing w/ 203,994 gal slickwater. No proppant used on this job.
Broke @ 4,091 psi @ 5.2 bpm. ATP=4,566 psi; MTP=5,554 psi; ATR=60.2 bpm; ISDP=3,185 psi

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 4857 Max pressure during treatment (psi): 5554

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): 4857 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

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: 04/23/2012 End Date: 04/23/2012 Date of First Production this formation: 05/09/2012

Perforations Top: 7358 Bottom: 7586 No. Holes: 124 Hole size: 0.47

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

PERF NBRR 7358-7370 HOLES 60 SIZE .47
PERF CODL 7570-7586 HOLES 64 SIZE .38

This formation is commingled with another formation: Yes 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:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/10/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 36 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 36 Bbl H2O: 0 GOR: 1800

Test Method: FLOWING Casing PSI: 923 Tubing PSI: _____ 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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE

Treatment Date: 04/23/2012 End Date: 04/23/2012 Date of First Production this formation: 05/09/2012

Perforations Top: 7358 Bottom: 7370 No. Holes: 60 Hole size: 0.47

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

PERF NBRR 7358-7370 HOLES 60 SIZE .47
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 245,786 gal slickwater. No proppant used on this job.
Broke @ 3,548 psi @ 2.5 bpm. ATP=4,692 psi; MTP=5,645 psi; ATR=60.4 bpm; ISDP=3,201 psi

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5852 Max pressure during treatment (psi): 5645

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): 5852 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 0 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)