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

DE	ET	OE	ES

Document Number: 400294246

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 05-123-33721-00
6. County: WELD
7. Well Name: HOWARD
Well Number: 26-32
8. Location: QtrQtr: SWNE Section: 32 Township: 1N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE

Treatment Date: 05/07/2012 End Date: 05/07/2012 Date of First Production this formation: 05/10/2012

Perforations Top: 8436 Bottom: 8458 No. Holes: 66 Hole size: 0.38

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

PERF CODL 8436-8458 HOLES 66 SIZE .38
Frac CODL down 4.5" casing w/ 204,960 gal slickwater w/ 150,000# 40/70, 4,000# SB Excel.
Broke @ 5,305 psi @ 5.7 bpm. ATP=4,664 psi; MTP=4,743 psi; ATR=60.4 bpm; ISDP=3,031 psi

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

Total fluid used in treatment (bbl): 4880
Max pressure during treatment (psi): 4743
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): 4880
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 154000
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: 05/07/2012 End Date: 05/07/2012 Date of First Production this formation: 05/10/2012

Perforations Top: 8025 Bottom: 8458 No. Holes: 128 Hole size: 0.42

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

PERF NBRR 8025-8289 HOLES 62 SIZE .42
PERF CODL 8436-8458 HOLES 66 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: 05/09/2012 Hours: 24 Bbl oil: 50 Mcf Gas: 100 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 50 Mcf Gas: 100 Bbl H2O: 0 GOR: 2000

Test Method: FLOWING Casing PSI: 864 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1270 API Gravity Oil: 46

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: 05/07/2012 End Date: 05/07/2012 Date of First Production this formation: 05/10/2012

Perforations Top: 5025 Bottom: 8289 No. Holes: 62 Hole size: 0.42

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

PERF NBRR 8025-8289 HOLES 62 SIZE .42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 253,008 gal slickwater w/ 200,250# 40/70, 4,000# SB Excel.
Broke @ 4,302 psi @ 4.1 bpm. ATP=4,339 psi; MTP=4,558 psi; ATR=63.7 bpm; ISDP=2,818 psi

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

Total fluid used in treatment (bbl): 6024 Max pressure during treatment (psi): 4558

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): 6024 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204250 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)