

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 05-123-33729-00
6. County: WELD
7. Well Name: HOWARD
Well Number: 28-32
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: 8384 Bottom: 8407 No. Holes: 66 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF CODL 8384-8407 HOLES 66 SIZE .38
CODL down casing w/ 251,580 gal slickwater w/ 150,000# 40/70, 4,000# SB Excel.
Broke @ 4,677 psi @ 3.5 bpm. ATP=4,604 psi; MTP=5,018 psi; ATR=60.3 bpm; ISDP=2,862 psi

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

Total fluid used in treatment (bbl): 5990 Max pressure during treatment (psi): 5018

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): 5990 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: 7966		Bottom: 8407		No. Holes: 128 Hole size: 0.42	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
PERF NBRR 7966-8248 HOLES 62 SIZE .42 PERF CODL 8384-8407 HOLES 66 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: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 05/09/2012	Hours: 24	Bbl oil: 2	Mcf Gas: 50	Bbl H2O: 0	
Calculated 24 hour rate:	Bbl oil: 2	Mcf Gas: 50	Bbl H2O: 0	GOR: 25000	
Test Method: FLOWING	Casing PSI: 1405	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: <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: 05/07/2012 End Date: 05/07/2012 Date of First Production this formation: 05/10/2012
Perforations Top: 7966 Bottom: 8248 No. Holes: 62 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐

PERF NBRR 7966-8248 HOLES 62 SIZE .42
Frac NBRR down casing w/ 252 gal 15% HCl & 259,056 gal slickwater w/ 200,490# 40/70, 4,600# SB Excel.
Broke @ 3,151 psi @ 3.7 bpm. ATP=4,340 psi; MTP=4,752 psi; ATR=59.3 bpm; ISDP=2,782 psi.

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 6168 Max pressure during treatment (psi): 4752
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): 6168 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 205090 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)