

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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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: CARA MAHLER Phone: (720) 929-6029 Fax: (720) 929-7029

5. API Number 05-123-21567-00 6. County: WELD 7. Well Name: CHIKUMA Well Number: 1-13A 8. Location: QtrQtr: NENE Section: 13 Township: 1N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: Treatment Date: 02/24/2012 End Date: Date of First Production this formation: 02/29/2012 Perforations Top: 7463 Bottom: 7478 No. Holes: 66 Hole size: 0.43

Provide a brief summary of the formation treatment:

Open Hole: []

CDL REPERF (12/27/11) 7464-7478 HOLES 14 SIZE .43 Refrac CODL down 4.5" casing w/ 257,754 gal slickwater w/ 207,520# 40/70, 4,000# 20/40.

This formation is commingled with another formation: [X] 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: 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: NIORARA-CODELL Status: PRODUCING Treatment Type: _____
 Treatment Date: 02/24/2012 End Date: _____ Date of First Production this formation: 02/29/2012
 Perforations Top: 7114 Bottom: 7943 No. Holes: 274 Hole size: 0.42
 Provide a brief summary of the formation treatment: _____ Open Hole:

CDRF

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: 03/31/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 9 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 9 Bbl H2O: 0 GOR: 9000
 Test Method: FLOWING Casing PSI: 1182 Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1268 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: _____

Comment:
 CHOKE N/A. NO WBD

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: CARA MAHLER
 Title: REGULATORY ANALYST 1 Date: 4/9/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400264848	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected PR formation from J-NB-CD to NB-CD per operator.	6/15/2012 12:25:22 PM

Total: 1 comment(s)