

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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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 4. Contact Name: JOEL MALEFYT
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828
 3. Address: P O BOX 173779 Fax: (720) 929-7828
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34452-00 6. County: WELD
 7. Well Name: BARCLAY Well Number: 2N-27HZ
 8. Location: QtrQtr: SWSE Section: 27 Township: 3N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/23/2012 End Date: 05/25/2012 Date of First Production this formation: 05/29/2012

Perforations Top: 7637 Bottom: 11601 No. Holes: _____ Hole size: _____

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

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7637-11601. AVERAGE TREATING PRESSURE 5149, AVERAGE RATE, 55.4, TOTAL BBLs OF FLUID 41271, TOTAL SAND WEIGHT 1517760.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 41271 Max pressure during treatment (psi): 7123

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: 19

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): 22291 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1517760 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/05/2012 Hours: 24 Bbl oil: 300 Mcf Gas: 1415 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 300 Mcf Gas: 1415 Bbl H2O: 0 GOR: 4717

Test Method: FLOWING Casing PSI: 1100 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1264 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7108 Tbg setting date: 06/07/2012 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:

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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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)