

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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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 05-123-34048-00 6. County: WELD  
 7. Well Name: HOWARD Well Number: 10C-29HZ  
 8. Location: QtrQtr: SWNE Section: 32 Township: 1N Range: 67W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/04/2012 End Date: 05/05/2012 Date of First Production this formation: 05/14/2012

Perforations Top: 8378 Bottom: 12272 No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_

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

FRAC'D THROUGH AN OPEN HOLE LINER 8378-12272. AVERAGE PRESSURE 4596, AVERAGE RATE 57.9, TOTAL BBLs OF FLUID 70571, 40/70 1011280#, 30/50 2151410#, CRC 20/40 152820#, TOTAL SAND WEIGHT 3315510#.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 70571 Max pressure during treatment (psi): 6323

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: \_\_\_\_\_ Max frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 19

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 35532 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3315510 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)

Test Information:

Date: 06/14/2012 Hours: 24 Bbl oil: 657 Mcf Gas: 1459 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 657 Mcf Gas: 1459 Bbl H2O: 0 GOR: 2221

Test Method: FLOWING Casing PSI: 1828 Tubing PSI: 1067 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1348 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7752 Tbg setting date: 05/16/2012 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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

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**

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

Total: 0 comment(s)