

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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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 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 City: DENVER State: CO Zip: 80217- Fax: (720) 929-7828

5. API Number 05-123-08422-00 6. County: WELD
7. Well Name: MEL ANDERSON GAS UNIT Well Number: 1
8. Location: QtrQtr: SWSW Section: 33 Township: 2N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 02/27/2012

Perforations Top: 7252 Bottom: 7982 No. Holes: 124 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: []

Drilled out CIBP on 2/14/2012 to commingle JSND with NB/CD production
Drilled out Sand Plug on 2/15/2012 to commingle JSND with NB/CD production.

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: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
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: 04/17/2012 Hours: 24 Bbl oil: 3 Mcf Gas: 20 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 20 Bbl H2O: 0 GOR: 6667
Test Method: FLOWING Casing PSI: 220 Tubing PSI: 475 Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1266 API Gravity Oil: 48
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7929 Tbg setting date: 02/17/2012 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.

FORMATION: J SAND Status: PRODUCING Treatment Type: _____

Treatment Date: 02/15/2012 End Date: 02/16/2012 Date of First Production this formation: 08/08/1975

Perforations Top: 7647 Bottom: 7982 No. Holes: 54 Hole size: 0.42

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

Drilled out Sand Plug on 2/15/2012 to commingle JSND with NB/CD production.

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: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: SUSSEX Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: 02/09/2012 End Date: 02/09/2012 Date of First Production this formation: _____
 Perforations Top: 4592 Bottom: 4732 No. Holes: 40 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:
 Pump 125 sx of 15.8# class G cmt w/ 1% CACL.

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: _____ Max frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 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: SUSX WAS SQUEEZED TO PRODUCE THE JSND AND NB/CD.

Date formation Abandoned: 02/09/2012 Squeeze: Yes No If yes, number of sacks cmt 125
 ** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

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 |
|-------------|--------------------|
| 400307121 | CEMENT JOB SUMMARY |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)