

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400270048

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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 05-123-29573-01
6. County: WELD
7. Well Name: DOLPH Well Number: 27-1HZX
8. Location: QtrQtr: SESW Section: 1 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type:

Treatment Date: 02/23/2011 End Date: Date of First Production this formation: 02/28/2011

Perforations Top: 7657 Bottom: 11687 No. Holes: Hole size:

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

FRAC'D THRU AN OPEN HOLE LINER BETWEEN 7657-11687. AVERAGE TREATING PRESSURE 4688, AVERAGE RATE 51.1, TOTAL BBLs FLUID 78461, AND TOTAL SAND WEIGHT 3791721.

This formation is commingled with another formation: [ ] Yes [X] 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: 03/03/2011 Hours: 20 Bbl oil: 147 Mcf Gas: 469 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 176 Mcf Gas: 563 Bbl H2O: 0 GOR: 1405

Test Method: FLOWING Casing PSI: 2675 Tubing PSI: 2075 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1297 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7034 Tbg setting date: 03/02/2011 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:

AMENDED FORM 5A. REPLACES DOC # 400192390

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
400270048	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Input top and bottom of productive zone based on treatment summary.	7/23/2012 7:18:52 AM

Total: 1 comment(s)