

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:

04/10/2012

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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-18616-00
6. County: WELD
7. Well Name: MOORE UPRC H
Well Number: 28-13
8. Location: QtrQtr: SWSW Section: 28 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:
Treatment Date: 03/05/2012 End Date: Date of First Production this formation: 12/19/2004
Perforations Top: 7184 Bottom: 7200 No. Holes: 64 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

Refrac CODL down 4.5" casing w/ 161,112 gal slickwater w/ 115,320# 40/70, 4,000# SB Excel.
Broke @ 3,538 psi @ 7.6 bpm. ATP=4,590 psi; MTP=5,430 psi; ATR=44.2 bpm; ISDP=3,582 psi
3/9/2012 -DOWNLINE AFTER REFRAC, COMMINGLED WITH NBRR 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: J SAND		Status: TEMPORARILY ABANDONED		Treatment Type: _____	
Treatment Date: 02/02/2012		End Date: _____		Date of First Production this formation: 10/08/2007	
Perforations	Top: 7636	Bottom: 7696	No. Holes: 54	Hole size: 0.35	

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

SET SAND PLUG AT 7430' FOR NB/CD RECOMPLETE.

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: <input type="checkbox"/>

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: SET SAND PLUG AT 7430 FOR NB/CD RECOMPLETE.

Date formation Abandoned: 02/02/2012 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 03/05/2012 End Date: _____ Date of First Production this formation: 03/09/2012
Perforations Top: 6806 Bottom: 7200 No. Holes: 164 Hole size: 0.38
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

NB PERF 6806-7066 HOLES 100 SIZE 0.38
CD PERF 7184-7200 HOLES 64 SIZE 0.38

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: 03/09/2012 Hours: 24 Bbl oil: 6 Mcf Gas: 170 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 170 Bbl H2O: 0 GOR: 28333
Test Method: FLOWING Casing PSI: 500 Tubing PSI: 320 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1223 API Gravity Oil: 56
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7150 Tbg setting date: 03/29/2012 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: NIOBRARA Status: COMMINGLED Treatment Type: _____
Treatment Date: 03/05/2012 End Date: _____ Date of First Production this formation: 12/19/2004
Perforations Top: 6806 Bottom: 7066 No. Holes: 100 Hole size: 0.38
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Refrac CODL down 4.5" casing w/ 161,112 gal slickwater w/ 115,320# 40/70, 4,000# SB Excel. Broke @ 3,538 psi @ 7.6 bpm.
ATP=4,590 psi; MTP=5,430 psi; ATR=44.2 bpm; ISDP=3,582 psi
3/9/2012 -DOWNLINE AFTER REFRAC, COMMINGLED WITH CODL 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.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Cindy Vue
Title: Regulatory Analyst II Date: 4/10/2012 Email: Cindy.Vue@anadarko.com
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Attachment Check List

Att Doc Num	Name
400270427	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)