

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



Table with columns DE, ET, OE, ES

Document Number: 400281063 Date Received: 05/04/2012

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, 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 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 05-123-23333-00 6. County: WELD 7. Well Name: GRAZNAK Well Number: 19-11 8. Location: QtrQtr: SESW Section: 11 Township: 3N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: Treatment Date: 04/02/2012 End Date: Date of First Production this formation: 05/08/2006 Perforations Top: 7364 Bottom: 7381 No. Holes: 51 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: []

4/2/2012 -Refrac CD down 4.5" casing w/ 261,282 gal slickwater w/ 207,540# 40/70, 4,000# 20/40. Broke @ 3,774 psi @ 10.9 bpm. ATP=4,952 psi; MTP=5,217 psi; ATR=57.9 bpm; ISDP=3,750 psi 4/9/2012 -RETURN WELL DOWNLINE WITH NB/CD PRODUCTION AFTER CODELL REFRAC

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: 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 04/02/2012 End Date: _____ Date of First Production this formation: 04/17/2008

Perforations Top: 7138 Bottom: 7381 No. Holes: 171 Hole size: 0.38

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

NB PERF 7138-7148 HOLES 120 SIZE 0.42
CD PERF 7364-7381 HOLES 51 SIZE 0.38
4/9/2012 -RETURN WELL DOWNLINE WITH NB/CD PRODUCTION AFTER CODELL REFRAC

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: 05/03/2012 Hours: 24 Bbl oil: 4 Mcf Gas: 103 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 4 Mcf Gas: 103 Bbl H2O: 0 GOR: 25750

Test Method: FLOWING Casing PSI: 1225 Tubing PSI: 1225 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1227 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7340 Tbg setting date: 04/19/2012 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: _____

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: 5/4/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400281063	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)