

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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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: JOEL MALEFYT Phone: (720) 929-6828 Fax: (720) 929-7828

5. API Number 05-123-34194-00 6. County: WELD 7. Well Name: COLFER Well Number: 13N-34HZ 8. Location: QtrQtr: NWNW Section: 34 Township: 2N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: Treatment Date: 02/24/2012 End Date: Date of First Production this formation: 03/09/2012 Perforations Top: 7542 Bottom: 11417 No. Holes: Hole size: Provide a brief summary of the formation treatment: Open Hole: [X]

FRAC'D THROUGH OPEN HOLE LINER 7542-11417. AVERAGE TREATING PRESSURE 5106, AVERAGE RATE 55.8, TOTAL BBLS OF FLUID 65048, TOTAL WEIGHT OF SAND 3127259.

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: 03/31/2012 Hours: 24 Bbl oil: 10 Mcf Gas: 100 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 100 Bbl H2O: 0 GOR: 10000 Test Method: FLOWING Casing PSI: 1919 Tubing PSI: 972 Choke Size: 16/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1305 API Gravity Oil: 44 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6888 Tbg setting date: 03/06/2012 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: JOEL MALEFYT
Title: REGULATORY ANALYST Date: 5/4/2012 Email: JOEL.MALEFYT@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400263525	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)