

**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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Document Number:
400286481
Date Received:
05/18/2012

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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-20956-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GARDNER</u>	Well Number: <u>12-11A</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>11</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: 04/20/2012 End Date: _____ Date of First Production this formation: 01/11/2006

Perforations Top: 7477 Bottom: 7496 No. Holes: 57 Hole size: 0.45

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

CD PERF 7477-7496 HOLES 57 SIZE 0.45
4/20/2012 -Refrac CODL down 4.5" casing w/ 206,165 gal slickwater w/ 150,000# 40/70, 4,000# SB Excel. Broke @ 0 psi @ 0 bpm.
ATP=4,806 psi; MTP=5,149 psi; ATR=59.1 bpm; ISDP=3,198 psi
5/03/2012 -RWTP UP CSG AFTER CD RF NB REC. JSND UNDER PLUG.

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: 04/13/2012 End Date: _____ Date of First Production this formation: 07/25/2002

Perforations Top: 7915 Bottom: 7960 No. Holes: 76 Hole size: 0.35

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

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: SET SAND PLUG @ 7650' FOR CODELL REFRAC AND NIOBRARA RECOMPLETE

Date formation Abandoned: 04/13/2012 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7650 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

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

Treatment Date: 04/20/2012 End Date: _____ Date of First Production this formation: 05/03/2012

Perforations Top: 7262 Bottom: 7346 No. Holes: 117 Hole size: 0.42

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

NB PERF 7262-7346 HOLES 60 SIZE 0.42
CD PERF 7477-7496 HOLES 57 SIZE 0.45

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: 05/04/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 120 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 120 Bbl H2O: 0 GOR: 6000

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1203 API Gravity Oil: 47

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 Status: COMMINGLED Treatment Type: _____

Treatment Date: 04/20/2012 End Date: _____ Date of First Production this formation: 05/03/2012

Perforations Top: 7262 Bottom: 7346 No. Holes: 60 Hole size: 0.42

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

NB PERF 7262-7346 HOLES 60 SIZE 0.42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 236,540 gal slickwater w/ 200,280# 40/70, 4,000# SB Excel. Broke @ 3,439 psi @ 3.7 bpm. ATP=4,526 psi; MTP=5,126 psi; ATR=59.7 bpm; ISDP=3,282 psi

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: 5/18/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400286481	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Permit	added bridge plug depth.	8/16/2012 2:56:05 PM
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Total: 1 comment(s)