

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



DE ET OE ES

Document Number:

400271692

Date Received:

04/12/2012

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 05-123-10830-00
6. County: WELD
7. Well Name: HELEN E.KARICH UNIT
Well Number: 2
8. Location: QtrQtr: SWSE Section: 32 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:
Treatment Date: 03/12/2012 End Date: Date of First Production this formation: 03/16/2012
Perforations Top: 7378 Bottom: 7386 No. Holes: 32 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

CD PERF 7378-7386 HOLES 32 SIZE 0.38

Frac CODL down 3.5" tbg w/ pkr ^ ni w/ 204,590 gal slickwater w/ 150,040# 40/70, 4,000# SB Excel.

Broke @ 3,324 psi @ 2.9 bpm. ATP=5,141 psi; MTP=5,518 psi; ATR=29.7 bpm; ISDP= 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.

FORMATION: J SAND		Status: TEMPORARILY ABANDONED		Treatment Type: _____	
Treatment Date: 02/28/2012		End Date: _____		Date of First Production this formation: 04/30/1983	
Perforations	Top: 7796	Bottom: 7866	No. Holes: 312	Hole size: _____	

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

SET CIBP @ 7450 W/ 2 SKS SAND 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 CIBP @ 7450 W/ 2 SKS SAND FOR NB/CD RECOMPLETE.

Date formation Abandoned: 02/28/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7450 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 03/12/2012 End Date: _____ Date of First Production this formation: 03/16/2012
Perforations Top: 7166 Bottom: 7386 No. Holes: 86 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

NB PERF 7166-7244 HOLES 54 SIZE 0.42
CD PERF 7378-7386 HOLES 32 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: 03/16/2012 Hours: 24 Bbl oil: 3 Mcf Gas: 198 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 198 Bbl H2O: 0 GOR: 66000
Test Method: FLOWING Casing PSI: 10 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1217 API Gravity Oil: 51
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: 03/12/2012 End Date: _____ Date of First Production this formation: 03/16/2012
Perforations Top: 7166 Bottom: 7244 No. Holes: 54 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

NB PERF 7166-7244 HOLES 54 SIZE 0.42
Frac NBRR down 3.5" tbg w/ pkr ^ ni w/ 250 gal 15% HCl & 244,694 gal slickwater w/ 200,600# 40/70, 4,000# SB Excel.
Break not observed. ATP=4,867 psi; MTP=6,610 psi; ATR=29.2 bpm; ISDP=3,341 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: 4/12/2012 Email: Cindy.Vue@anadarko.com
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Attachment Check List

Att Doc Num	Name
2233025	WIRELINE JOB SUMMARY
400271692	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off Hold. Attached wireline ticket per operator.	9/13/2012 5:59:10 AM
Permit	On Hold. Requested wireline tickets.	7/23/2012 10:26:58 AM

Total: 2 comment(s)