

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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Date Received:

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 05-123-08663-00
6. County: WELD
7. Well Name: EICHTHALER
Well Number: 1
8. Location: QtrQtr: NENE Section: 34 Township: 2N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: DAKOTA Status: PRODUCING Treatment Type:
Treatment Date: 03/22/2012 End Date: 03/22/2012 Date of First Production this formation: 02/17/1997
Perforations Top: 7930 Bottom: 7982 No. Holes: 52 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: []

3/22/12 -DRILLED OUT CIBP @ 7410' TO COMMINGLE NB/CD/JS/DKTA PRODUCTION
3/28/12 -COMMINGLED NB/CD/JS/DKTA PRODUCTION

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Max frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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-D-CODELL-NIOBRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: 03/22/2012 End Date: 03/22/2012 Date of First Production this formation: 03/28/2012

Perforations Top: 7040 Bottom: 7982 No. Holes: 161 Hole size: 0.4

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

3/22/12 -DRILLED OUT CIBP @ 7410' TO COMMINGLE NB/CD/JS/DKTA PRODUCTION
3/28/12 -COMMINGLED NB/CD/JS/DKTA 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: 04/01/2012 Hours: 24 Bbl oil: 2 Mcf Gas: 7 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 7 Bbl H2O: 0 GOR: 3500

Test Method: FLOWING Casing PSI: 541 Tubing PSI: 488 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1302 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7704 Tbg setting date: 03/23/2012 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: J SAND Status: PRODUCING Treatment Type: _____

Treatment Date: 03/22/2012 End Date: 03/22/2012 Date of First Production this formation: 08/31/1976

Perforations Top: 7726 Bottom: 7759 No. Holes: 11 Hole size: 0.4

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

3/22/12 -DRILLED OUT CIBP @ 7410' TO COMMINGLE NB/CD/JS/DKTA PRODUCTION
3/28/12 -COMMINGLED NB/CD/JS/DKTA 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: JOEL MALEFYT
Title: REGULATORY ANALYST Date: _____ Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)