

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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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>JOEL MALEFYT</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6828</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7828</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-33791-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>STREAR</u>	Well Number: <u>27-10</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>10</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: FRACTURE STIMULATION

Treatment Date: 05/03/2012 End Date: 05/03/2012 Date of First Production this formation: 05/08/2012
Perforations Top: 7580 Bottom: 7596 No. Holes: 64 Hole size: 0.38

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

PERF CODL 7580-7596 HOLES 64 SIZE .38
Frac CODL down 4.5" casing w/ 194,208 gal slickwater w/ 150,360# 40/70, 4,000# 20/40.
Broke @ 3,284 psi @ 4.8 bpm. ATP=4,699 psi; MTP=4,803 psi; ATR=59.6 bpm; ISDP=3,331 psi

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 4624 Max pressure during treatment (psi): 4803
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: 1
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 4624 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 154360 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: FRACTURE STIMULATION

Treatment Date: 05/03/2012 End Date: 05/03/2012 Date of First Production this formation: 05/09/2012
Perforations Top: 7372 Bottom: 7596 No. Holes: 124 Hole size: 0.47

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

PERF NBRR 7372-7454 HOLES 60 SIZE .47
PERF CODL 7580-7596 HOLES 64 SIZE .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: _____ Min 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: 05/10/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 1 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 1 Bbl H2O: 0 GOR: 50

Test Method: FLOWING Casing PSI: 1672 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1310 API Gravity Oil: 49

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: FRACTURE STIMULATION

Treatment Date: 05/03/2012 End Date: 05/03/2012 Date of First Production this formation: 05/09/2012
Perforations Top: 7372 Bottom: 7454 No. Holes: 60 Hole size: 0.47

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

PERF NBRR 7372-7454 HOLES 60 SIZE .47
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 240,494 gal slickwater w/ 199,920# 40/70, 4,000# 20/40.
Broke @ 3,222 psi @ 4.8 bpm. ATP=4,710 psi; MTP=5,160 psi; ATR=59.5 bpm; ISDP=3,516 psi

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 5726 Max pressure during treatment (psi): 5160
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 5726 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 203920 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: 6/7/2012 Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400293468	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)