

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, re-perforation 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>05-069-06414-00</u>	6. County: <u>LARIMER</u>
7. Well Name: <u>MIRACLE</u>	Well Number: <u>17-12</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>12</u> Township: <u>5N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>11/22/2010</u>	End Date: <u>11/22/2012</u>	Date of First Production this formation: <u>04/18/2012</u>
Perforations Top: <u>8023</u>	Bottom: <u>8058</u>	No. Holes: <u>66</u> Hole size: <u>0.4</u>

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

PERF JSND 8023-8058 HOLES 66 SIZE .4
 Frac J-Sand down 4-1/2" Csg w/ 500 gal 15% HCl & 140,111 gal Slickwater w/ 58,200# 40/70, 4,000# SB Excel.
 Broke @ 4,870 psi @ 4.6 bpm. ATP=5,043 psi; MTP=5,333 psi; ATR=33.4 bpm; ISDP=3,826 psi

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>3336</u>	Max pressure during treatment (psi): <u>5333</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.30</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): <u>5</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>1169</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>62200</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>09/28/2012</u>	Hours: <u>24</u>	Bbl oil: <u>1</u>	Mcf Gas: <u>90</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>1</u>	Mcf Gas: <u>90</u>	Bbl H2O: <u>0</u>	GOR: <u>90000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1536</u>	Tubing PSI: <u>1000</u>	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1275</u>	API Gravity Oil: <u>44</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>1792</u>	Tbg setting date: <u>12/29/2010</u>	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)