

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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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: Eric Jansen Phone: (720) 929-6412 Fax: (720) 929-7412

5. API Number 05-123-10829-00 6. County: WELD 7. Well Name: KEITH A CARTER UNIT 8. Location: QtrQtr: NESE Section: 32 Township: 2N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: 04/05/1997 Perforations Top: 8122 Bottom: 8144 No. Holes: Hole size: Provide a brief summary of the formation treatment: Open Hole: []

4/30/2012 - set CIBP at 8040 to TA Dakota

This formation is commingled with another formation: [] Yes [X] 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: 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: to produce J/CD/SX

Date formation Abandoned: 04/30/2012 Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 8040 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: J-CODELL-SUSSEX Status: COMMINGLED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 05/08/2012
 Perforations Top: 4623 Bottom: 7982 No. Holes: 350 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:
4/30/2012 - set CIBP at 8040 to TA Dakota and commingle J/CD/SX

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: 05/16/2012 Hours: 24 Bbl oil: 5 Mcf Gas: 66 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 66 Bbl H2O: 0 GOR: 13200
 Test Method: FLOWING Casing PSI: 435 Tubing PSI: 374 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1198 API Gravity Oil: 50
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7890 Tbg setting date: 05/01/2012 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.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: Eric Jansen
 Title: Regulatory Specialist Date: 7/19/2012 Email: eric.jansen@anadarko.com

Attachment Check List

Att Doc Num	Name
400307088	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)