

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>05-123-33788-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>STREAR</u>	Well Number: <u>21-10</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: 04/30/2012 End Date: 04/30/2012 Date of First Production this formation: 05/09/2012
Perforations Top: 7700 Bottom: 7716 No. Holes: 64 Hole size: 0.38

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

PERF CODL 7700-7716 HOLES 64 SIZE .38
Frac CODL down 4.5" casing w/ 185,220 gal slickwater w/ 149,720# 40/70, 4,000# 20/40.
Broke @ 3,802 psi @ 4.9 bpm. ATP=4,504 psi; MTP=5,434 psi; ATR=60.0 bpm; ISDP=3,063 psi

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 4410 Max pressure during treatment (psi): 5434
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): 4410 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 153720 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: 04/30/2012 End Date: 04/30/2012 Date of First Production this formation: 05/08/2012
Perforations Top: 7490 Bottom: 7716 No. Holes: 124 Hole size: 0.47

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

PERF NBRR 7490-7570 HOLES 60 SIZE .47
PERF CODL 7700-7716 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: 16 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 16 Bbl H2O: 0 GOR: 800

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: 1374 Choke Size: 14/64

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: 04/30/2012 End Date: 04/30/2012 Date of First Production this formation: 05/09/2012
Perforations Top: 7490 Bottom: 7570 No. Holes: 60 Hole size: 0.47

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

PERF NBRR 7490-7570 HOLES 60 SIZE .47
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 241,418 gal slickwater w/ 200,400# 40/70, 4,000# 20/40.
Broke @ 3,154 psi @ 5.1 bpm. ATP=4,593 psi; MTP=5,782 psi; ATR=61.8 bpm; ISDP=3,236 psi;

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5748 Max pressure during treatment (psi): 5782

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): 5748 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204400 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
400293204	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)