

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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Document Number:  
400356679

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 05-123-35593-01  
6. County: WELD  
7. Well Name: SARCHET  
Well Number: 36N-32HZX  
8. Location: QtrQtr: NWNE Section: 32 Township: 3N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 11/05/2012 End Date: 11/07/2012 Date of First Production this formation: 11/12/2012  
Perforations Top: 7620 Bottom: 11803 No. Holes: 0 Hole size: 0

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

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7620-11803.  
1591880# 40/70, 3316020# 30/50, 162820# SUPER LC, 5070720# TOTAL SAND.  
53999 BBLs FR WATER, 33831 BBLs X-LINKED CSTAR, 12405 BBLs X-LINKED LIGHTNING, 1084 BBLs LINEAR LIGHTNING, TOTAL FLUID 101318 BBLs.  
Perforated from 7414-7417, 3 holes, .4 diameter to relieve potential trapped pressure between 4-1/2" liner and 7" intermediate casing below liner top above cased hole packer as a result of setting liner top and cased hole packer with cool fluid in annular space.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 101318 Max pressure during treatment (psi): 7309  
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.89  
Total acid used in treatment (bbl): 0 Number of staged intervals: 20  
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 9752  
Fresh water used in treatment (bbl): 53999 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 5070720 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 11/27/2012 Hours: 24 Bbl oil: 460 Mcf Gas: 918 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 460 Mcf Gas: 918 Bbl H2O: 0 GOR: 1996  
Test Method: FLOWING Casing PSI: 2481 Tubing PSI: 1555 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1209 API Gravity Oil: 50  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7193 Tbg setting date: 11/15/2012 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: JOEL MALEFYT  
Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: JOEL.MALEFYT@ANADARKO.COM

#### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)