

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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400369201

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01/14/2013

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 05-123-35165-00
6. County: WELD
7. Well Name: WEICHEL
Well Number: 27C-11HZ
8. Location: QtrQtr: SWSE Section: 14 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 11/15/2012 End Date: 11/25/2012 Date of First Production this formation: 12/11/2012
Perforations Top: 7532 Bottom: 16558 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: _____ Open Hole:

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7532-16558.
2736061# OTTAWA 40/70 SAND, 2150634# OTTAWA 30/50 SAND, 151838# CRC 20/40 SAND, 5038533# TOTAL SAND WEIGHT.
39394 BBL PERMSTIM 45#, 1427 BBL LINEAR GEL; 99706 BBL FR WATER, 140527 BBL TOTAL FLUID.
Perforated 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): 140527 Max pressure during treatment (psi): 7709
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): 0.92
Total acid used in treatment (bbl): 0 Number of staged intervals: 40
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 18342
Fresh water used in treatment (bbl): 99706 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 5038533 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/26/2012 Hours: 24 Bbl oil: 195 Mcf Gas: 348 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 195 Mcf Gas: 348 Bbl H2O: 0 GOR: _____
Test Method: FLOWING Casing PSI: 1937 Tubing PSI: 1330 Choke Size: 31/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1276 API Gravity Oil: 46
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7097 Tbg setting date: 12/21/2012 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: 1/14/2013 Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400369201	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)