

**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:
400382790

Date Received:
02/20/2013

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: <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>05-123-35760-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>THOMASON</u>	Well Number: <u>13C-15HZ</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>15</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/26/2013 End Date: 01/28/2013 Date of First Production this formation: 01/31/2013

Perforations Top: 7493 Bottom: 10741 No. Holes: 0 Hole size: 0

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

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7493-10741.
40776 BBL CROSSLINK GEL, 2922 BBL LINEAR GEL, 23721 BBL SLICKWATER, 67419 BBL TOTAL FLUID.
904100# OTTAWA 40/70 SAND, 1385400# OTTAWA 30/50 SAND, 104005# SUPER LC 20/40 SAND, 2393505# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 67419 Max pressure during treatment (psi): 7088

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): 0.97

Total acid used in treatment (bbl): 0 Number of staged intervals: 16

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3636

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2393505 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/14/2013 Hours: 24 Bbl oil: 315 Mcf Gas: 665 Bbl H2O: 264

Calculated 24 hour rate: Bbl oil: 315 Mcf Gas: 665 Bbl H2O: 264 GOR: 2111

Test Method: FLOWING Casing PSI: 2166 Tubing PSI: 1253 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1247 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5629 Tbg setting date: 02/07/2013 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: 2/20/2013 Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400382790	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Codell top corrected per operator. Ready to pass.	3/4/2013 8:27:15 AM
Permit	On hold for resolution of Codell top.	2/22/2013 8:43:23 AM

Total: 2 comment(s)