

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:
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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 05-123-36253-00
6. County: WELD
7. Well Name: MILLENSIFER FED
Well Number: 36N-30HZ
8. Location: QtrQtr: NWNE Section: 30 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: 01/31/2013 End Date: 02/01/2013 Date of First Production this formation: 02/07/2013

Perforations Top: 7506 Bottom: 11643 No. Holes: 0 Hole size: 0

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

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7506-11643.
9889 BBL CROSSLINK GEL, 1406 BBL LINEAR GEL, 64548 BBL SLICKWATER, 75843 BBL TOTAL FLUID.
1617069# 40/70 SAND, 313902# 30/50 SAND, 16728# CRC 20/40 SAND, 1947699# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 75843 Max pressure during treatment (psi): 7196

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: 20

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 7979

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

Total proppant used (lbs): 1947699 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/09/2013 Hours: 24 Bbl oil: 343 Mcf Gas: 744 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 343 Mcf Gas: 744 Bbl H2O: 0 GOR: 2169

Test Method: FLOWING Casing PSI: 2093 Tubing PSI: 1415 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1196 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7048 Tbg setting date: 02/12/2013 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: _____ Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)