

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: ILA BEALE
Phone: (720) 929-6408
Fax:
Email: ila.beale@anadarko.com

5. API Number 05-123-33141-00
6. County: WELD
7. Well Name: CARTER
Well Number: 10-32
8. Location: QtrQtr: NWSE Section: 32 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL-SUSSEX Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: End Date: Date of First Production this formation: 01/19/2012
Perforations Top: 4650 Bottom: 7540 No. Holes: 164 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
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: 02/03/2012 Hours: 24 Bbl oil: 14 Mcf Gas: 124 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 14 Mcf Gas: 124 Bbl H2O: 0 GOR: 8857
Test Method: FLOWING Casing PSI: 1073 Tubing PSI: 770 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1164 API Gravity Oil: 47
Tubing Size: 2.375 Tubing Setting Depth: 7493 Tbg setting date: 12/22/2011 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: SUSSEX Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/16/2011 End Date: 11/16/2011 Date of First Production this formation: 01/19/2012

Perforations Top: 4650 Bottom: 4750 No. Holes: 52 Hole size: 0.42

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

PERF 4650-4750; FRAC SUSSEX DOWN 4 1/2" CSG W/ 559 BBLs LIGHTNING 70Q N2 FOAM - 559 TOTAL FLUID; 20,180# 20/40 SUPER LC, AND 179,920 12/20 OTTAWA-TEXSAND-DENVER - 200,100# TOTAL SAND

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 559

Max pressure during treatment (psi): 3672

Total gas used in treatment (mcf): 895

Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: NITROGEN

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 15

Fresh water used in treatment (bbl): 0

Disposition method for flowback: _____

Total proppant used (lbs): 200100

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: ILA BEALE

Title: STAFF REG. SPECIALIST Date: _____ Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

Total: 0 comment(s)