

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400981286 Date Received:				
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> 2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> 3. Address: <u>P O BOX 173779</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	4. Contact Name: <u>ILA BEALE</u> Phone: <u>(720) 929-6408</u> Fax: _____ Email: <u>ila.beale@anadarko.com</u>
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5. API Number <u>05-123-33141-00</u> 7. Well Name: <u>CARTER</u> 8. Location: QtrQtr: <u>NWSE</u> Section: <u>32</u> Township: <u>2N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>10-32</u> Range: <u>66W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>NIOBRARA-CODELL-SUSSEX</u>	Status: <u>COMMINGLED</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: _____	End Date: _____	Date of First Production this formation: <u>01/19/2012</u>
Perforations Top: <u>4650</u>	Bottom: <u>7540</u>	No. Holes: <u>164</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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: <input type="checkbox"/>	
Reason why green completion not utilized: _____		

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>02/03/2012</u>	Hours: <u>24</u>	Bbl oil: <u>14</u>	Mcf Gas: <u>124</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>14</u>	Mcf Gas: <u>124</u>	Bbl H2O: <u>0</u>	GOR: <u>8857</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1073</u>	Tubing PSI: <u>770</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1164</u>	API Gravity Oil: <u>47</u>	
Tubing Size: <u>2.375</u>	Tubing Setting Depth: <u>7493</u>	Tbg setting date: <u>12/22/2011</u>	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)