

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400090746

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

4. Contact Name: Cindy Vue

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6832

3. Address: P O BOX 173779

Fax: (720) 929-7832

City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-25000-00

6. County: WELD

7. Well Name: WERTZ FEDERAL

Well Number: 36-12

8. Location: QtrQtr: SESW Section: 12 Township: 4N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	08/12/2010	Date of First Production this formation:	07/25/2007
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Perforations	Top:	7016	Bottom:	7330	No. Holes:	98	Hole size:	38/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

NBRR Perf 7016-7206 Holes 44 Size 0.42 CODL Perf 7312-7330 Holes 54 Size 0.38
Refrac CODL w/ 265,944 gal SW & 212,160# 40/70 sand & 4,000# SB Excel.
NB-CD returned to production 8/19/2010 after CODL refrac.

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

Test Information:

Date:	09/04/2010	Hours:	24	Bbls oil:	13	Mcf Gas:	286	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	13	Mcf Gas:	286	Bbls H2O:	0	GOR:	22000
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Test Method: FLOWING	Casing PSI: 368	Tubing PSI:	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1245	API Gravity Oil:	62
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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: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: 9/7/2010 Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 12/23/2010

Attachment Check List

Att Doc Num	Name
400090746	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)