

State of Colorado
Oil and Gas Conservation Commission

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

400122596

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 05-123-32533-00

6. County: WELD

7. Well Name: EVERIST

Well Number: 25-32R

8. Location: QtrQtr: NWSE Section: 32 Township: 3N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

| | | | |
|-----------------|------------|--|------------|
| Treatment Date: | 12/16/2010 | Date of First Production this formation: | 12/20/2010 |
|-----------------|------------|--|------------|

| | | | | | | | | |
|--------------|------|------|---------|------|------------|-----|------------|------|
| Perforations | Top: | 7190 | Bottom: | 7422 | No. Holes: | 120 | Hole size: | 0.38 |
|--------------|------|------|---------|------|------------|-----|------------|------|

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

NB Perf 7190-7278 Holes 60 Size 0.42 CD Perf 7402-7422 Holes 60 Size 0.38
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 244,276 gal Slickwater w/ 200,940# 40/70, 2,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 205,514 gal Slickwater w/ 150,260# 40/70, 4,000# SB Excel

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

Test Information:

| | | | | | | | | | |
|-------|------------|--------|----|-----------|----|----------|-----|-----------|---|
| Date: | 01/01/2011 | Hours: | 24 | Bbls oil: | 64 | Mcf Gas: | 467 | Bbls H2O: | 0 |
|-------|------------|--------|----|-----------|----|----------|-----|-----------|---|

| | | | | | | | | |
|--------------------------|-----------|----|----------|-----|-----------|---|------|------|
| Calculated 24 hour rate: | Bbls oil: | 64 | Mcf Gas: | 467 | Bbls H2O: | 0 | GOR: | 7299 |
|--------------------------|-----------|----|----------|-----|-----------|---|------|------|

| | | | |
|----------------------|-----------------|-------------|-------------------|
| Test Method: FLOWING | Casing PSI: 717 | Tubing PSI: | Choke Size: 14/64 |
|----------------------|-----------------|-------------|-------------------|

| | | | | | | | |
|------------------|------|-----------|-----|----------|------|------------------|----|
| Gas Disposition: | SOLD | Gas Type: | WET | BTU Gas: | 1257 | API Gravity Oil: | 49 |
|------------------|------|-----------|-----|----------|------|------------------|----|

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: 1/11/2011 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: 1/21/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400122596 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)