FORM 5A
Rev 02/08

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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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: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-069-06419-00
6. County: LARIMER
7. Well Name: ENCORE
Well Number: 21-12
8. Location: QtrQtr: NENW Section: 12 Township: 5N Range: 68W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/04/2011 Date of First Production this formation: 03/03/2011

Perforations Top: 7092 Bottom: 7427 No. Holes: 122 Hole size: 0.38

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

NB Perf 7092-7311 Holes 59 Size 0.42 CD Perf 7406-7427 Holes 63 Size 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 15,708 gal Slickwater. No proppant used on this job
Frac Codell down 4-1/2" Csg w/ 205,128 gal Slickwater w/ 151,200# 40/70, 4,000# SB Excel

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

Test Information:

Date: 03/26/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 167 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 API Gravity Oil: 42

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: _____ Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)