

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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Document Number:

400185248

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.

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|---|-------------------------------------|
| 1. OGCC Operator Number: <u>47120</u> | 4. Contact Name: <u>CARA MAHLER</u> |
| 2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u> | Phone: <u>(720) 929-6029</u> |
| 3. Address: <u>P O BOX 173779</u> | Fax: <u>(720) 929-7029</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u> | |

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|---|--------------------------|
| 5. API Number <u>05-123-25710-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>PLATTE</u> | Well Number: <u>25-2</u> |
| 8. Location: QtrQtr: <u>NWSE</u> Section: <u>2</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u> | |
| 9. Field Name: _____ | Field Code: _____ |

Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 06/21/2011Date of First Production this formation: 07/01/2011Perforations Top: 7006 Bottom: 7780 No. Holes: 234 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐JSND RECThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 07/11/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 6 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 6 Bbls H2O: 0 GOR: 6000Test Method: FLOWING Casing PSI: 1031 Tubing PSI: 698 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 7717 Tbg setting date: 06/23/2011 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: _____

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 06/21/2011Date of First Production this formation: 07/01/2011Perforations Top: 7740 Bottom: 7780 No. Holes: 60 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐Frac J-Sand down 4-1/2" Csg w/ 166,572 gal Slickwater w/ 159,740# 40/70, 4,520# SB Excel. Broke @ 1,297 psi @ 8.9 bpm.This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

Comment:

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

Signed: _____ Print Name: CARA MAHLERTitle: REGULATORY ANALYST 1 Date: _____ Email: CARA.MAHLER@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: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)