

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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| DE | ET | OE | ES |
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Document Number:

400191269

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: CARA MAHLER

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

Phone: (720) 929-6029

3. Address: P O BOX 173779

Fax: (720) 929-7029

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-24093-00

6. County: WELD

7. Well Name: WARDELL

Well Number: 35-6

8. Location: QtrQtr: SWSW Section: 6 Township: 3N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 07/07/2011

Date of First Production this formation: 11/13/2006

| | | | | | | | | |
|--------------|------|------|---------|------|------------|-----|------------|------|
| Perforations | Top: | 7206 | Bottom: | 7480 | No. Holes: | 180 | Hole size: | 0.38 |
|--------------|------|------|---------|------|------------|-----|------------|------|

Provide a brief summary of the formation treatment:

Open Hole:

Re-Frac Codell down 4-1/2" Csg w/ 193,662 gal Slickwater w/ 150,060# 40/70, 4,000# SuperLC.

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

Test Information:

| | | | | | | | | | |
|-------|------------|--------|----|-----------|----|----------|-----|-----------|---|
| Date: | 07/26/2011 | Hours: | 24 | Bbls oil: | 21 | Mcf Gas: | 403 | Bbls H2O: | 0 |
|-------|------------|--------|----|-----------|----|----------|-----|-----------|---|

| | | | | | | | | |
|--------------------------|-----------|----|----------|-----|-----------|---|------|-------|
| Calculated 24 hour rate: | Bbls oil: | 21 | Mcf Gas: | 403 | Bbls H2O: | 0 | GOR: | 19190 |
|--------------------------|-----------|----|----------|-----|-----------|---|------|-------|

| | | | |
|----------------------|-----------------|-------------|-------------------|
| Test Method: FLOWING | Casing PSI: 792 | Tubing PSI: | Choke Size: 18/64 |
|----------------------|-----------------|-------------|-------------------|

| | | | | | | | |
|------------------|------|-----------|-----|----------|------|------------------|----|
| Gas Disposition: | SOLD | Gas Type: | WET | BTU Gas: | 1237 | API Gravity Oil: | 63 |
|------------------|------|-----------|-----|----------|------|------------------|----|

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 MAHLER

Title: REGULATORY ANALYST 1 Date: 8/2/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400191269 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)