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-
4. Contact Name: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-21895-00
6. County: WELD
7. Well Name: SWARTZ
Well Number: 16-13
8. Location: QtrQtr: SESE Section: 13 Township: 2N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/27/2011 Date of First Production this formation: 08/04/2008

Perforations Top: 6960 Bottom: 7202 No. Holes: 96 Hole size: 0.38

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

Re-Frac Codell down 4-1/2" Csg w/ 195,216 gal Slickwater w/ 143,900# 40/70, 4,000# SB Excel.

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

Test Information:

Date: 08/23/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 22 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 2 Bbls H2O: 0 GOR: 2000

Test Method: FLOWING Casing PSI: 995 Tubing PSI: 344 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1176 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7145 Tbg setting date: 08/01/2011 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:

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: 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)