

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:

400207134

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 05-123-22353-00

6. County: WELD

7. Well Name: PENTON

Well Number: 23-11

8. Location: QtrQtr: NESW Section: 11 Township: 3N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 08/30/2011

Date of First Production this formation: 06/18/2009

Perforations	Top:	7070	Bottom:	7376	No. Holes:	194	Hole size:	0.38
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Provide a brief summary of the formation treatment:

Open Hole:

Re-Frac Codell down 4-1/2" Csg w/ 272,672 gal Slickwater w/ 207,500# 40/70, 4,000# SuperLC.

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

Test Information:

Date:	09/17/2011	Hours:	24	Bbls oil:	3	Mcf Gas:	293	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	3	Mcf Gas:	293	Bbls H2O:	0	GOR:	97666
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Test Method: FLOWING	Casing PSI: 1035	Tubing PSI:	Choke Size: 28/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1223	API Gravity Oil:	63
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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: 9/21/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400207134	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)