

**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:

400222752

## 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: Cindy Vue

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

Phone: (720) 929-6832

3. Address: P O BOX 173779

Fax: (720) 929-7832

City: DENVER State: CO Zip: 80217-

5. API Number	05-123-33139-00
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6. County: WELD

7. Well Name: CARTER

Well Number: 16-32

8. Location: QtrQtr: NWSE Section: 32 Township: 2N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date:	10/14/2011	Date of First Production this formation:	10/20/2011
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Perforations	Top:	7574	Bottom:	7820	No. Holes:	102	Hole size:	0.42
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Provide a brief summary of the formation treatment:	Open Hole: <input type="text"/>
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NB PERF 7574-7646 HOLES 48 SIZE 0.42    CD PERF 7802-7820 HOLES 54 SIZE 0.38  
Frac Niobrara B & C w/ 252 gal 15% HCl & 238,938 gal Slickwater w/ 201,320# 40/70, 4,500# SuperLC  
Frac Codell w/ 203,322 gal Slickwater w/ 150,740# 40/70, 4,400# SuperLC

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

**Test Information:**

Date:	10/20/2011	Hours:	24	Bbls oil:	11	Mcf Gas:	64	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	11	Mcf Gas:	64	Bbls H2O:	0	GOR:	5818
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Test Method: FLOWING	Casing PSI: 1650	Tubing PSI:	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1164	API Gravity Oil:	47
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Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
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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: 11/10/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Name
400222752	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)