

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



DE ET OE ES

Document Number:

400208478

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 05-123-33367-00  
6. County: WELD  
7. Well Name: PSC  
Well Number: 13C-13HZ  
8. Location: QtrQtr: SESE Section: 13 Township: 3N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 09/06/2011 Date of First Production this formation: 09/12/2011

Perforations Top: Bottom: No. Holes: Hole size:

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

FRAC'D THROUGH OPEN HOLE LINER BETWEEN 7745-11646. TOTAL AVG TREATING PRESSURE 4943, TOTAL AVG RATE 57.9, TOTAL FLUID BBL 60930, TOTAL SAND WEIGHT 3257480.

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

Test Information:

Date: 09/13/2011 Hours: 24 Bbls oil: 402 Mcf Gas: 323 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 402 Mcf Gas: 323 Bbls H2O: 0 GOR: 803

Test Method: FLOWING Casing PSI: 1240 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 419 API Gravity Oil: 46

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: 11/14/2011 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400208478	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)