

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-32738-00
6. County: WELD
7. Well Name: RICKS
Well Number: 23-15
8. Location: QtrQtr: SWSW Section: 15 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 10/10/2011 Date of First Production this formation: 11/07/2011

Perforations Top: 7422 Bottom: 8062 No. Holes: 184 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: []

NB PERF 7422-7442 HOLES 60 SIZE 0.42
CD PERF 7576-7592 HOLES 64 SIZE 0.42
J S PERF 8019-8062 HOLES 60 SIZE 0.38

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 11/08/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 50 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 50 Bbls H2O: 0 GOR: 10000

Test Method: FLOWING Casing PSI: 1325 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1223 API Gravity Oil: 48

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:

FORMATION: J SAND Status: PRODUCING

Treatment Date: 10/10/2011 Date of First Production this formation: 11/07/2011

Perforations Top: 8019 Bottom: 8062 No. Holes: 60 Hole size: 0.38

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

J S PERF 8019-8062 HOLES 60 SIZE 0.38
Frac J-Sand down 4-1/2" Csg w/ 139,444 gal Slickwater w/ 116,280# 40/70, 4,360# SuperLC

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/24/2011 Date of First Production this formation: 11/07/2011

Perforations Top: 7422 Bottom: 7592 No. Holes: 124 Hole size: 0.42

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

NB PERF 7422-7442 HOLES 60 SIZE 0.42 CD PERF 7576-7592 HOLES 64 SIZE 0.42
Frac Niobrara B down 4-1/2" Csg w/ 252 gal 15% HCl & 207,060 gal Slickwater w/ 153,060# 40/70, 4,100# SuperLC
Frac Codell down 4-1/2" Csg w/ 201,390 gal Slickwater w/ 150,160# 40/70, 4,200# SuperLC

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: Cindy Vue

Title: Regulatory Analyst II Date: 11/17/2011 Cindy.Vue@anadarko.com

Email
:

Attachment Check List

Att Doc Num	Name
400225056	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)