

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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Document Number:

400225599

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 05-123-18033-00 6. County: WELD  
7. Well Name: MST Well Number: 11-3  
8. Location: QtrQtr: NWNW Section: 3 Township: 3N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/19/2011 Date of First Production this formation: 12/26/1999

Perforations Top: 6830 Bottom: 7128 No. Holes: 97 Hole size: 0.31

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

Tri-Frac Codell down 3-1/2" Csg w/ 202,020 gal Slickwater w/ 150,300# 40/70, 4,280# SuperLC.

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

**Test Information:**

Date: 11/14/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 76 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 76 Bbls H2O: 0 GOR: 15200

Test Method: FLOWING Casing PSI: 513 Tubing PSI: 451 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1364 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7089 Tbg setting date: 10/24/2011 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 I Date: 11/18/2011 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400225599	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)