

**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:

400219864

Date Received:

02/10/2012

## 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            05-123-33339-00

6. County: WELD

7. Well Name: FRICO

Well Number: 2-15HZ

8. Location: QtrQtr: SWSW Section: 15 Township: 3N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 10/10/2011

Date of First Production this formation: 10/18/2011

Perforations	Top:	7478	Bottom:	12315	No. Holes:	720	Hole size:	0.42
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Provide a brief summary of the formation treatment:

Open Hole: 

AVG TREATING PRESSURE 5858, AVG RATE 65.1, TOTAL BBLS OF FLUID 73870, TOTAL SAND WEIGHT 3841861

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

**Test Information:**

Date:	10/19/2011	Hours:	24	Bbls oil:	28	Mcf Gas:	324	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	28	Mcf Gas:	324	Bbls H2O:	0	GOR:	11571
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Test Method: FLOWING	Casing PSI: 1900	Tubing PSI:	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1279	API Gravity Oil:	56
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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: 2/10/2012      Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400219864	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)