

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:

400270022

Date Received:

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 05-123-33364-00

6. County: WELD

7. Well Name: PSC

Well Number: 12N-13HZ

8. Location: QtrQtr: SESE Section: 13 Township: 3N Range: 68W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 09/01/2011

Date of First Production this formation: 09/11/2011

Perforations Top: 7572 Bottom: 11578 No. Holes: 864 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

TOTAL AVG PRESSURE 5648, TOTAL AVG RATE 59.4, TOTAL BBL FLUID 60605, TOTAL SAND WEIGHT 2887209.

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

Test Information:

Date: 09/12/2011 Hours: 24 Bbls oil: 200 Mcf Gas: 243 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 200 Mcf Gas: 243 Bbls H2O: 0 GOR: 1215

Test Method: FLOWING Casing PSI: 970 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:

AMENDED FORM 5A. REPLACES DOC # 400220762.

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: Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)