

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:
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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: JOEL MALEFYT
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 9296828
 3. Address: P O BOX 173779 Fax: (720) 9297828
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33921-00 6. County: WELD
 7. Well Name: MORTON Well Number: 21-12
 8. Location: QtrQtr: SWNE Section: 12 Township: 1N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/15/2012 Date of First Production this formation: 03/21/2012

Perforations Top: 7562 Bottom: 7578 No. Holes: 64 Hole size: 0.38

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

CD PERF 7562-7578 HOLES 64 SIZE .38
Frac CODL down 4.5" casing w/ 208,236 gal slickwater w/ 150,100# 40/70, 4,000# 20/40.
Broke @ 3,388 psi @ 5.5 bpm. ATP=4,168 psi; MTP=4,543 psi; ATR=61.5 bpm; ISDP=2,760 psi;

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: 03/15/2012 Date of First Production this formation: 03/21/2012
Perforations Top: 7346 Bottom: 7578 No. Holes: 130 Hole size: 0.42

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

NB PERF 7346-7436 HOLES 66 SIZE .42
CD PERF 7562-7578 HOLES 64 SIZE .38

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/22/2012 Hours: 24 Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0 GOR: 2000
Test Method: FLOWING Casing PSI: 1600 Tubing PSI: Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1157 API Gravity Oil: 49
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 Status: COMMINGLED

Treatment Date: 03/15/2012 Date of First Production this formation: 03/21/2012
Perforations Top: 7346 Bottom: 7436 No. Holes: 66 Hole size: 0.42

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

NB PERF 7346-7436 HOLES 66 SIZE .42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 239,362 gal slickwater w/ 200,380# 40/70, 4,000# 20/40.
Broke @ 3,072 psi @ 5.4 bpm. ATP=4,304 psi; MTP=4,976 psi; ATR=60.8 bpm; ISDP=2,963 psi;

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: JOEL MALEFYT

Title: REGULATORY ANALYST

Date:

Email: JOEL.MALEFYT@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)