

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400283529

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.

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|---|-----------------------------------|
| 1. OGCC Operator Number: <u>47120</u> | 4. Contact Name: <u>Cindy Vue</u> |
| 2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u> | Phone: <u>(720) 929-6832</u> |
| 3. Address: <u>P O BOX 173779</u> | Fax: <u>(720) 929-7832</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u> | |

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|---|--------------------------|
| 5. API Number <u>05-123-26887-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>BULTHAUP</u> | Well Number: <u>15-6</u> |
| 8. Location: QtrQtr: <u>SWSE</u> Section: <u>6</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u> | |
| 9. Field Name: _____ | Field Code: _____ |

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/04/2012 Date of First Production this formation: 02/17/2009

Perforations Top: 7774 Bottom: 7794 No. Holes: 60 Hole size: 0.38

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

CD PERF 7774-7794 HOLES 60 SIZE 0.38
4/4/12 -Refrac NB-CD down 4.5" casing w/ 264,096 gal slickwater. No proppant used on this job. Break not observed. ATP=4,680 psi; MTP=5,574 psi; ATR=59.6 bpm; ISDP=2,756 psi
4/25/12 -RWTP UP TBG AFTER CD RF

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: 04/04/2012 Date of First Production this formation: 02/17/2009

Perforations Top: 7422 Bottom: 7794 No. Holes: 174 Hole size: 0.38

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

NB PERF 7422-7662 HOLES 114 SIZE 0.41
CD PERF 7774-7794 HOLES 60 SIZE 0.38
4/4/12 -REFRAC CODELL
4/25/12 -RWTP UP TBG AFTER CD RF

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/03/2012 Hours: 24 Bbls oil: 8 Mcf Gas: 40 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 8 Mcf Gas: 40 Bbls H2O: 0 GOR: 5000

Test Method: FLOWING Casing PSI: 1265 Tubing PSI: 630 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1192 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7753 Tbg setting date: 04/11/2012 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: _____

Email: Cindy.Vue@anadarko.com

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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)