

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:

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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) 929-6828
3. Address: P O BOX 173779 Fax: (720) 929-7828
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34403-00 6. County: WELD
7. Well Name: MARRS Well Number: 2N-28HZ
8. Location: QtrQtr: SWSE Section: 28 Township: 1N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/17/2012 Date of First Production this formation: 04/02/2012

Perforations Top: 7970 Bottom: 12023 No. Holes: _____ Hole size: _____

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

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7970-12023. AVERAGE TREATING PRESSURE 4966, AVERAGE RATE 56.2, TOTAL BBLS OF FLUID 76567, TOTAL SAND WEIGHT 3542400.

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

Test Information:

Date: 04/07/2012 Hours: 24 Bbls oil: 290 Mcf Gas: 311 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 290 Mcf Gas: 311 Bbls H2O: 0 GOR: 1072

Test Method: FLOWING Casing PSI: 1514 Tubing PSI: 1015 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1258 API Gravity Oil: 44

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)