

FORM
5A

Rev
06/12

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: JOEL MALEFYT
Phone: (720) 929-6828
Fax: (720) 929-7828

5. API Number 05-123-33818-00
6. County: WELD
7. Well Name: STREAR
Well Number: 41-10
8. Location: QtrQtr: NENE Section: 10 Township: 2N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE
Treatment Date: 04/26/2012 End Date: 04/26/2012 Date of First Production this formation: 05/09/2012
Perforations Top: 7604 Bottom: 7622 No. Holes: 54 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF CODL 7604-7622 HOLES 54 SIZE .38

Frac CODL down 4.5" casing w/ 201,785 gal slickwater w/ 150,000# 40/70, 4,000# 20/40.

Broke @ 3,755 psi @ 4.9 bpm. ATP=4,857 psi; MTP=5,349 psi; ATR=59.8 bpm; ISDP=3,394 psi

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

Total fluid used in treatment (bbl): 4804

Max pressure during treatment (psi): 5349

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment:

Number of staged intervals: 1

Total acid used in treatment (bbl):

Max frac gradient (psi/ft):

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 4804

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 154000

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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 Type: FRACTURE	
Treatment Date: 04/26/2012		End Date: 04/26/2012		Date of First Production this formation: 05/09/2012	
Perforations Top: 7396		Bottom: 7622		No. Holes: 114 Hole size: 0.42	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
PERF NBRR 7396-7478 HOLES 60 SIZE .42 PERF CODL 7604-7622 HOLES 54 SIZE .38					
This formation is commingled with another formation:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): _____		Max pressure during treatment (psi): _____			
Total gas used in treatment (mcf): _____		Fluid density at initial fracture (lbs/gal): _____			
Type of gas used in treatment: _____		Number of staged intervals: _____			
Total acid used in treatment (bbl): _____		Max frac gradient (psi/ft): _____			
Recycled water used in treatment (bbl): _____		Flowback volume recovered (bbl): _____			
Fresh water used in treatment (bbl): _____		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): _____		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 05/10/2012	Hours: 24	Bbl oil: 20	Mcf Gas: 48	Bbl H2O: 0	
Calculated 24 hour rate:	Bbl oil: 20	Mcf Gas: 48	Bbl H2O: 0	GOR: 2400	
Test Method: FLOWING	Casing PSI: 1637	Tubing PSI: _____	Choke Size: 14/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1310	API Gravity Oil: 49		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE
Treatment Date: 04/26/2012 End Date: 04/26/2012 Date of First Production this formation: 05/09/2012
Perforations Top: 7396 Bottom: 7478 No. Holes: 60 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐

PERF NBRR 7396-7478 HOLES 60 SIZE .42
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 235,958 gal slickwater w/ 200,820# 40/70, 4,000# 20/40.
Broke @ 3,462 psi @ 4.8 bpm. ATP=4,654 psi; MTP=5,346 psi; ATR=61.5 bpm; ISDP=3,341 psi

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 5618 Max pressure during treatment (psi): 5346
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: Number of staged intervals: 1
Total acid used in treatment (bbl): Max frac gradient (psi/ft):
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 5618 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 204820 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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

User Group	Comment	Comment Date

Total: 0 comment(s)