

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reoperation 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: Cindy Vue Phone: (720) 929-6832 Fax: (720) 929-7832

5. API Number 05-123-33917-00
6. County: WELD
7. Well Name: MORTON Well Number: 8-12
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 Type:

Treatment Date: 02/23/2012 End Date: Date of First Production this formation: 03/21/2012

Perforations Top: 7605 Bottom: 7623 No. Holes: 54 Hole size: 0.38

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

CD PERF 7605-7623 HOLES 54 SIZE 0.38
Frac CODL down 4.5" casing w/ 201,432 gal slickwater w/ 152,640# 40/70, 4,000# 20/40.
Broke @ 4,532 psi @ 5.4 bpm. ATP=4,309 psi; MTP=4,725 psi; ATR=55.6 bpm; ISDP=2,990 psi

This formation is commingled with another formation: [X] Yes [] 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:

Total proppant used (lbs): 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: NIORARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 02/23/2012 End Date: _____ Date of First Production this formation: 03/21/2012

Perforations Top: 7376 Bottom: 7623 No. Holes: 120 Hole size: 0.42

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

NB PERF 7376-7468 HOLES 66 SIZE 0.42
CD PERF 7605-7623 HOLES 54 SIZE 0.38

This formation is commingled with another formation: Yes 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: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/22/2012 Hours: 24 Bbl oil: 50 Mcf Gas: 100 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 50 Mcf Gas: 100 Bbl H2O: 0 GOR: 2000

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1157 API Gravity Oil: 48

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 Type: _____

Treatment Date: 02/23/2012 End Date: _____ Date of First Production this formation: 03/21/2012

Perforations Top: 7376 Bottom: 7468 No. Holes: 66 Hole size: 0.42

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

NB PERF 7376-7468 HOLES 66 SIZE 0.42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 244,272 gal slickwater w/ 201,200# 40/70, 4,000# 20/40.
Broke @ 2,962 psi @ 5.8 bpm. ATP=4,485 psi; MTP=4,818 psi; ATR=63.9 bpm; ISDP=2,800 psi

This formation is commingled with another formation: Yes 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: _____

Total proppant used (lbs): _____ 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: Cindy Vue

Title: Regulatory Analyst II Date: 4/5/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400268672	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)