

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:

400264804

Date Received:

03/26/2012

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: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-29380-00
6. County: WELD
7. Well Name: NELSON
Well Number: 13-35
8. Location: QtrQtr: NESW Section: 35 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____
Treatment Date: 01/23/2012 End Date: _____ Date of First Production this formation: 02/27/2012
Perforations Top: 7561 Bottom: 8328 No. Holes: 186 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

JSND REC

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: 03/11/2012 Hours: 24 Bbl oil: 2 Mcf Gas: 21 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 21 Bbl H2O: 0 GOR: 10500
Test Method: FLOWING Casing PSI: 1003 Tubing PSI: 547 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1357 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8280 Tbg setting date: 02/06/2012 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: _____

FORMATION: J SAND Status: PRODUCING Treatment Type: _____
Treatment Date: 01/23/2012 End Date: _____ Date of First Production this formation: 02/27/2012
Perforations Top: 8308 Bottom: 8328 No. Holes: 60 Hole size: 0.4
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac JSND down casing w/ 162,750 gal slickwater w/ 116,540# 40/70, 4,000# 20/40.

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: CARA MAHLER
Title: REGULATORY ANALYST 1 Date: 3/26/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400264804	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	tubing PSI 547 per operator.	6/13/2012 4:16:40 PM
Permit	ON HOLD: Requesting tubing PSI.	6/13/2012 3:54:17 PM

Total: 2 comment(s)