

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, 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 05-123-33364-00 6. County: WELD 7. Well Name: PSC 8. Location: QtrQtr: SESE Section: 13 Township: 3N Range: 68W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: Treatment Date: 09/01/2011 End Date: Date of First Production this formation: 09/11/2011 Perforations Top: 7572 Bottom: 11578 No. Holes: 864 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: []

TOTAL AVG PRESSURE 5648, TOTAL AVG RATE 59.4, TOTAL BBL FLUID 60605, TOTAL SAND WEIGHT 2887209.

This formation is commingled with another formation: [] Yes [X] 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: 09/12/2011 Hours: 24 Bbl oil: 200 Mcf Gas: 243 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 200 Mcf Gas: 243 Bbl H2O: 0 GOR: 1215 Test Method: FLOWING Casing PSI: 970 Tubing PSI: Choke Size: 16/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 419 API Gravity Oil: 46 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:

AMENDED FORM 5A. REPLACES DOC # 400220762.

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: 4/9/2012 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400270022	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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