

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:

400270022

Date Received:

04/09/2012

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 05-123-33364-00
6. County: WELD
7. Well Name: PSC
Well Number: 12N-13HZ
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 ☒ 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

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Attachment Check List

Att Doc Num	Name
400270022	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)