

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: JOEL MALEFYT Phone: (720) 929-6828 Fax: (720) 929-7828

5. API Number 05-001-09524-00 6. County: ADAMS 7. Well Name: CHAVEZ 8. Location: QtrQtr: SWNE Section: 17 Township: 1S Range: 65W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: D & J SAND Status: COMMINGLED Treatment Type: Treatment Date: 03/22/2012 End Date: Date of First Production this formation: 03/27/2012 Perforations Top: 7968 Bottom: 8066 No. Holes: 86 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: []

DSND PERF 7968-7977 HOLES 36 SIZE .42 JSND PERF 8025-8066 HOLES 50 SIZE .38

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: Max frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: 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: 04/02/2012 Hours: 24 Bbl oil: 8 Mcf Gas: 200 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 200 Bbl H2O: 0 GOR: 25000 Test Method: FLOWING Casing PSI: 110 Tubing PSI: 110 Choke Size: 64/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1376 API Gravity Oil: 50 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8079 Tbg setting date: 03/23/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: _____

Treatment Date: 03/21/2012 End Date: _____ Date of First Production this formation: 01/25/2005

Perforations Top: 8025 Bottom: 8066 No. Holes: 50 Hole size: 0.38

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

JSND PERF 8025-8066 HOLES 50 SIZE .38
3/22/12 DRILLED OUT CIBP TO COMMINGLE JSND WITH DSND
3/27/12 JSND COMMINGLED WITH DSND

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: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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: _____ ** Wireline and Cement Job Summary must be attached.

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: 4/23/2012 Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400275347	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)