

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400268956 Date Received: 04/05/2012

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 4. Contact Name: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 City: DENVER State: CO Zip: 80217- Fax: (720) 929-7832

5. API Number 05-123-33919-00 6. County: WELD
7. Well Name: MORTON Well Number: 17-12
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: 02/27/2012 End Date: Date of First Production this formation: 03/21/2012
Perforations Top: 7537 Bottom: 7555 No. Holes: 54 Hole size: 0.38

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

CD PERF 7537-7555 HOLES 54 SIZE 0.38
Frac CODL down 4.5" casing w/ 202,398 gal slickwater w/ 150,240# 40/70, 4,000# 20/40.
Broke @ 2,471 psi @ 4.9 bpm. ATP=4,194 psi; MTP=4,896 psi; ATR=61.4 bpm; ISDP=2,888 psi

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: 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 02/27/2012 End Date: _____ Date of First Production this formation: 03/21/2012

Perforations Top: 7311 Bottom: 7555 No. Holes: 120 Hole size: 0.42

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

NB PERF 7311-7403 HOLES 66 SIZE 0.42
CD PERF 7537-7555 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: _____ 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: 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: 2000 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: 02/27/2012 End Date: _____ Date of First Production this formation: 03/21/2012

Perforations Top: 7311 Bottom: 7403 No. Holes: 66 Hole size: 0.42

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

NB PERF 7311-7403 HOLES 66 SIZE 0.42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 245,490 gal slickwater w/ 200,320# 40/70, 4,000# 20/40.
Broke @ 2,811 psi @ 5.4 bpm. ATP=3,992 psi; MTP=4,477 psi; ATR=59.8 bpm; ISDP=2,812 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: _____ 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: Cindy Vue

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

Attachment Check List

Att Doc Num	Name
400268956	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Changed Niobrara and Codell to not commingled in tab.	7/20/2012 6:52:41 AM

Total: 1 comment(s)