

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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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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-22540-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SCHMIDT</u>	Well Number: <u>1-26</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>26</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: 03/09/2012 End Date: _____ Date of First Production this formation: 01/31/2005

Perforations Top: 7230 Bottom: 7244 No. Holes: 56 Hole size: 0.38

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

CD PERF 7230-7244 HOLES 56 SIZE 0.38
1/10/05 -FRAC CODELL
1/31/05 -CODELL'S FIRST DATE OF PRODUCTION
3/9/12 -REMOVED PLUG OVER CODELL TO COMMINGLE PRODUCTION
3/14/12 -COMMINGLE NB/CD PRODUCTION

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.

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

Treatment Date: 03/09/2012 End Date: _____ Date of First Production this formation: 03/14/2012

Perforations Top: 6920 Bottom: 7244 No. Holes: 166 Hole size: 0.38

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

NB PERF 6920-7120 HOLES 110 SIZE 0.38
CD PERF 7230-7244 HOLES 56 SIZE 0.38
3/9/12 -REMOVED PLUG OVER CODELL TO COMMINGLE PRODUCTION
3/14/12 -COMMINGLE NB/CD PRODUCTION

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: 03/17/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 29 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 29 Bbl H2O: 0 GOR: _____

Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 1000 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1236 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7194 Tbg setting date: 03/09/2012 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: NIOBRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: 10/24/2006 End Date: _____ Date of First Production this formation: 10/30/2006

Perforations Top: 6920 Bottom: 7120 No. Holes: 110 Hole size: 0.38

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

NB PERF 6920-7120 HOLES 110 SIZE 0.38
 10/24/06 -FRAC NB
 10/30/06 -1ST PRODUCED
 3/9/12 -REMOVED PLUG OVER CODELL TO COMMINGLE PRODUCTION
 3/14/12 -COMMINGLE NB/CD PRODUCTION

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: 4/11/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400270914	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)