

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:

400270914

Date Received:

04/11/2012

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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

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

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: <input type="checkbox"/> |

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: 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)