

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: 400275249

Date Received: 04/23/2012

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

5. API Number 05-123-20229-00
6. County: WELD
7. Well Name: HARKIS Well Number: 8-15A
8. Location: QtrQtr: SENE Section: 15 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type:

Treatment Date: 02/06/2012 End Date: Date of First Production this formation: 03/23/2012

Perforations Top: 6853 Bottom: 7646 No. Holes: 182 Hole size: 0.38

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

PERF NBRR 6853-7016 HOLES 66 SIZE .42
PERF CODL 7142-7156 HOLES 42 SIZE .38
PERF JSND 7602-7646 HOLES 74 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: 04/20/2012 Hours: 24 Bbl oil: 2 Mcf Gas: 28 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 28 Bbl H2O: 0 GOR: 14000

Test Method: FLOWING Casing PSI: 691 Tubing PSI: 612 Choke Size: 0

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1256 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7557 Tbg setting date: 02/07/2012 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: 02/06/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 01/27/2001

Perforations Top: 7602 Bottom: 7646 No. Holes: 74 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

PERF JSND 7602-7646 HOLES 74 SIZE .38  
2/6/12 DRILLED OUT SAND PLUG TO COMMINGLE JSND WITH NB-CD  
3/23/12 JSND COMMINGLED WITH NB-CD

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
400275249	FORM 5A SUBMITTED

Total Attach: 1 Files

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