

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 05-123-33949-00
6. County: WELD
7. Well Name: POWERS Well Number: 1C-23HZ
8. Location: QtrQtr: SWSE Section: 23 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:

Treatment Date: 01/25/2012 End Date: Date of First Production this formation: 02/24/2012

Perforations Top: 7733 Bottom: 11666 No. Holes: Hole size:

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

FRAC'D THROUGH OPEN HOLE LINER FROM 7733-11666. AVERAGE TREATING PRESSURE 5179, AVERAGE RATE 55.0, TOTAL BBLs OF FLUID 67053, TOTAL WEIGHT OF SAND 3157278.

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: 02/25/2012 Hours: 24 Bbl oil: 308 Mcf Gas: 582 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 308 Mcf Gas: 582 Bbl H2O: 0 GOR: 1890

Test Method: FLOWING Casing PSI: 1775 Tubing PSI: 1300 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1329 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7152 Tbg setting date: 02/18/2012 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.

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: 5/16/2012 Email: JOEL.MALEFYT@ANADARKO.COM  
:

### **Attachment Check List**

Att Doc Num	Name
400259058	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)