

FORM
5ARev
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:

400263214

Date Received:

05/16/2012

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: JOEL MALEFYT
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828
 3. Address: P O BOX 173779 Fax: (720) 929-7828
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34403-00 6. County: WELD
 7. Well Name: MARRS Well Number: 2N-28HZ
 8. Location: QtrQtr: SWSE Section: 28 Township: 1N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: _____
 Treatment Date: 03/17/2012 End Date: _____ Date of First Production this formation: 04/02/2012
 Perforations Top: 7970 Bottom: 12023 No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☒

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7970-12023. AVERAGE TREATING PRESSURE 4966, AVERAGE RATE 56.2, TOTAL BBLS OF FLUID 76567, TOTAL SAND WEIGHT 3542400.

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: 04/11/2012 Hours: 24 Bbl oil: 290 Mcf Gas: 311 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 290 Mcf Gas: 311 Bbl H2O: 0 GOR: 1072
 Test Method: FLOWING Casing PSI: 1514 Tubing PSI: 1015 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1258 API Gravity Oil: 44
 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:

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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
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Attachment Check List

Att Doc Num	Name
400263214	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)