

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:

400290711

Date Received:

05/31/2012

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 05-123-21333-00
6. County: WELD
7. Well Name: BURKHARDT
Well Number: 3-3A
8. Location: QtrQtr: NENW Section: 3 Township: 1N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | | | | | |
|------------------------------|-----------|--------------------|----------------|---|--|
| FORMATION: J-NIOBRARA-CODELL | | Status: COMMINGLED | | Treatment Type: _____ | |
| Treatment Date: 05/02/2012 | | End Date: _____ | | Date of First Production this formation: 05/11/2012 | |
| Perforations | Top: 7199 | Bottom: 7987 | No. Holes: 194 | Hole size: 0.38 | |

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

PERF NBRR 7199-7388 HOLES 62 SIZE .38
 PERF CODL 7512-7527 HOLES 60 SIZE .38
 PERF JSND 7964-7987 HOLES 72 SIZE .45
 5/2/2012 DRILLED OUT SAND PLUG TO COMMINGLE PRODUCTION OF JSND WITH NB-CD
 5/11/2012 PRODUCTION OF 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: <input type="checkbox"/> |

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

| | | | | |
|--------------------------|----------------------------|------------------------------|---------------------|------------|
| Date: 05/13/2012 | Hours: 24 | Bbl oil: 5 | Mcf Gas: 12 | Bbl H2O: 0 |
| Calculated 24 hour rate: | Bbl oil: 5 | Mcf Gas: 12 | Bbl H2O: 0 | GOR: 2400 |
| Test Method: FLOWING | Casing PSI: 699 | Tubing PSI: 368 | Choke Size: 18/64 | |
| Gas Disposition: SOLD | Gas Type: WET | Btu Gas: 1323 | API Gravity Oil: 51 | |
| Tubing Size: 2 + 3/8 | Tubing Setting Depth: 7947 | Tbg setting date: 05/03/2012 | 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: 05/02/2012 End Date: _____ Date of First Production this formation: 05/13/2003
Perforations Top: 7964 Bottom: 7987 No. Holes: 72 Hole size: 0.45
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

PERF JSND 7964-7987 HOLES 72 SIZE .45
5/2/2012 DRILLED OUT SAND PLUG TO COMMINGLE PRODUCTION OF JSND WITH NB-CD
5/11/2012 PRODUCTION OF 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: 5/31/2012 Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400290711 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)