

**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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Date Received:

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 05-123-32349-00

7. Well Name: BADDING

8. Location: QtrQtr: NESE Section: 26 Township: 2N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 10-26SX

Completed Interval

FORMATION: <u>SUSSEX</u>			Status: <u>PRODUCING</u>			Treatment Type: <u>FRACTURE STIMULATION</u>		
Treatment Date: <u>12/14/2011</u>		End Date: <u>12/14/2011</u>		Date of First Production this formation: <u>08/07/2012</u>				
Perforations	Top: <u>4830</u>	Bottom: <u>4895</u>	No. Holes: <u>52</u>	Hole size: <u>0.42</u>				

Open Hole: ☐

PERF SUSX 4830-4895 HOLES 52 SIZE .42
Frac Sussex down 4-1/2" Csg w/ 24,360 gal Lightning N2 w/ 180,720# 12/20, 20,060# SB Excel.
Broke @ 2,521 psi @ 2.9 bpm. ATP=3,646 psi; MTP=5,500 psi; ATR=12.2 bpm; ISDP=2,098 psi

☐ Yes ☒ No

Total fluid used in treatment (bbl): 580 Max pressure during treatment (psi): 5500

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 200780 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/21/2012 Hours: 24 Bbl oil: 14 Mcf Gas: 30 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 14 Mcf Gas: 30 Bbl H2O: 0 GOR: 2114

Test Method: FLOWING Casing PSI: 225 Tubing PSI: 226 Choke Size:

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1295 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5014 Tbg setting date: 01/13/2012 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: Email JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)