

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: 400264070 Date Received: 05/04/2012

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 05-123-33953-00 6. County: WELD 7. Well Name: POWERS Well Number: 1N-23HZ 8. Location: QtrQtr: SWSE Section: 23 Township: 2N Range: 65W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: Treatment Date: 01/26/2012 End Date: Date of First Production this formation: 02/18/2012 Perforations Top: Bottom: No. Holes: Hole size: Provide a brief summary of the formation treatment: Open Hole: [X]

FRAC'D THROUGH OPEN HOLE LINER BETWEEN 7515-11403. AVERAGE TREATING PRESSURE 5295, AVERAGE RATE 53.06, TOTAL BBLs OF FLUID 67502, TOTAL SAND WEIGHT 3049299.

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: 02/19/2012 Hours: 24 Bbl oil: 300 Mcf Gas: 460 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 300 Mcf Gas: 460 Bbl H2O: 0 GOR: 1533 Test Method: FLOWING Casing PSI: 1693 Tubing PSI: 1106 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: 6927 Tbg setting date: 02/20/2012 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: 5/4/2012 Email: JOEL.MALEFYT@ANADARKO.COM  
:

### **Attachment Check List**

Att Doc Num	Name
400264070	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>
Permit	On Hold. Pending form 5 approval.	7/19/2012 7:21:58 AM

Total: 1 comment(s)