

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:

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 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 05-123-33953-00 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: ☒

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 ☒ 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:

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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: 5/4/2012 Email JOEL.MALEFYT@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400264070	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	On Hold. Pending form 5 approval.	7/19/2012 7:21:58 AM

Total: 1 comment(s)