

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:  
400321264

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 05-123-31945-00  
6. County: WELD  
7. Well Name: BADDING  
Well Number: 2-26SX  
8. Location: QtrQtr: SENE Section: 26 Township: 2N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: SUSSEX Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 12/15/2011 End Date: 12/15/2011 Date of First Production this formation: 08/07/2012  
Perforations Top: 4832 Bottom: 4948 No. Holes: 52 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

PERF SUSX 4832-4948 HOLES 52 SIZE .42  
Frac Sussex down 4-1/2" Csg w/ 18,900 gal Lightning N2 w/ 180,440# 20/40, 20,220# SuperLC, 0# .  
Broke @ 2,233 psi @ 4.1 bpm. ATP=2,650 psi; MTP=3,645 psi; ATR=30.5 bpm; ISDP=1,842 psi

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 450 Max pressure during treatment (psi): 3645

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): 200660 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 08/20/2012 Hours: 24 Bbl oil: 4 Mcf Gas: 10 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 4 Mcf Gas: 10 Bbl H2O: 0 GOR: 2392

Test Method: FLOWING Casing PSI: 111 Tubing PSI: 0 Choke Size: \_\_\_\_\_

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5015 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 |
|-------------|------|
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Total Attach: 0 Files

### General Comments

| User Group | Comment | Comment Date |
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Total: 0 comment(s)