FORM 5A Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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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 05-123-33798-00
6. County: WELD
7. Well Name: STREAR
Well Number: 23-10
8. Location: QtrQtr: SESE Section: 10 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

Treatment Date: 04/05/2012 End Date: Date of First Production this formation: 04/25/2012

Perforations Top: 7935 Bottom: 7953 No. Holes: 54 Hole size: 0.38

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

PERF CODL 7935-7953 HOLES 54 SIZE .38
Frac CODL down 4.5" casing w/ 192,150 gal slickwater w/ 150,920# 40/70, 4,000# SB Excel.
Broke @ 3,855 psi @ 5 bpm. ATP=4,639 psi; MTP=4,733 psi; ATR=62.0 bpm; ISDP=3,070 psi

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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:

Treatment Date: 04/05/2012 End Date: Date of First Production this formation: 04/25/2012

Perforations Top: 7728 Bottom: 7953 No. Holes: 114 Hole size: 0.42

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

PERF NBRR 7728-7810 HOLES 60 SIZE .42
PERF CODL 7935-7953 HOLES 54 SIZE .38

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: 04/26/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 168 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 168 Bbl H2O: 0 GOR: 8400

Test Method: FLOWING Casing PSI: 1610 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1129 API Gravity Oil: 46

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type:

Treatment Date: 04/05/2012 End Date: Date of First Production this formation: 04/25/2012

Perforations Top: 7728 Bottom: 7810 No. Holes: 60 Hole size: 0.42

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

PERF NBRR 7728-7810 HOLES 60 SIZE .42
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 239,864 gal slickwater w/ 200,820# 40/70, 4,000# SB Excel.
Broke @ 3,212 psi @ 3.5 bpm. ATP=4,475 psi; MTP=4,840 psi; ATR=61.0 bpm; ISDP=3,122 psi

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: 5/23/2012 Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400286955	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)