

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: 400281223 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: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 City: DENVER State: CO Zip: 80217- Fax: (720) 929-7832

5. API Number 05-123-14386-00 6. County: WELD
7. Well Name: UPRR 41 PAN AM UNIT "H" Well Number: 1
8. Location: QtrQtr: NESE Section: 23 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:
Treatment Date: 03/14/2012 End Date: Date of First Production this formation: 04/11/2012
Perforations Top: 7324 Bottom: 7344 No. Holes: 60 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

CD PERF 7324-7344 HOLES 60 SIZE 0.38
Frac CODL down 3.5" tbg w/ pkr ^ ni w/ 202,482 gal slickwater w/ 150,960# 40/70, 4,000# SB Excel.
Broke @ 2,505 psi @ 3.1 bpm. ATP=6,052 psi; MTP=6,973 psi; ATR=41.0 bpm; ISDP=2,927 psi

This formation is commingled with another formation: [X] 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: J SAND Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: 02/29/2012 End Date: _____ Date of First Production this formation: 10/17/1990

Perforations Top: 7766 Bottom: 7810 No. Holes: 176 Hole size: 0.5

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

SET CIBP @ 7490' W/ 2 SKS SAND ON PLUG FOR NB/CD RECOMPLETE.

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: SET CIBP @ 7490' W/ 2 SKS SAND ON PLUG FOR NB/CD RECOMPLETE.

Date formation Abandoned: 02/29/2012 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7490 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 03/14/2012 End Date: _____ Date of First Production this formation: 04/11/2012

Perforations Top: 7092 Bottom: 7344 No. Holes: 126 Hole size: 0.38

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

NB PERF 7092-7202 HOLES 66 SIZE 0.42
CD PERF 7324-7344 HOLES 60 SIZE 0.38

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: 30 Mcf Gas: 100 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 100 Bbl H2O: 0 GOR: 3333

Test Method: FLOWING Casing PSI: 400 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1289 API Gravity Oil: 49

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: 03/14/2012 End Date: _____ Date of First Production this formation: 04/11/2012

Perforations Top: 7092 Bottom: 7202 No. Holes: 66 Hole size: 0.42

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

NB PERF 7092-7202 HOLES 66 SIZE 0.42
Frac NBRR down 3.5" tbg w/ pkr ^ ni w/ 237,720 gal slickwater w/ 201,100# 40/70, 4,000# SB Excel.
Broke @ 3,098 psi @ 1 bpm. ATP=6,022 psi; MTP=6,855 psi; ATR=40.1 bpm; ISDP=3,364 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: Cindy Vue

Title: Regulatory Analyst II Date: 5/4/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
2233036	WIRELINE JOB SUMMARY
400281223	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Attached wireline tickets per operator.	9/13/2012 1:43:23 PM
Permit	On hold. Requested wireline tickets.	7/30/2012 11:44:01 AM

Total: 2 comment(s)