

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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06/07/2012

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 05-123-33818-00
6. County: WELD
7. Well Name: STREAR
Well Number: 41-10
8. Location: QtrQtr: NENE Section: 10 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/26/2012 End Date: 04/26/2012 Date of First Production this formation: 05/09/2012

Perforations Top: 7604 Bottom: 7622 No. Holes: 54 Hole size: 0.38

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

PERF CODL 7604-7622 HOLES 54 SIZE .38
 Frac CODL down 4.5" casing w/ 201,785 gal slickwater w/ 150,000# 40/70, 4,000# 20/40.
 Broke @ 3,755 psi @ 4.9 bpm. ATP=4,857 psi; MTP=5,349 psi; ATR=59.8 bpm; ISDP=3,394 psi

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4804 Max pressure during treatment (psi): 5349

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min 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): 4804 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 154000 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: FRACTURE STIMULATION

Treatment Date: 04/26/2012 End Date: 04/26/2012 Date of First Production this formation: 05/09/2012
Perforations Top: 7396 Bottom: 7622 No. Holes: 114 Hole size: 0.42

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

PERF NBRR 7396-7478 HOLES 60 SIZE .42
PERF CODL 7604-7622 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: _____ Min 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: DISPOSAL

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: 05/10/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 48 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 48 Bbl H2O: 0 GOR: 2400

Test Method: FLOWING Casing PSI: 1637 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1310 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: FRACTURE STIMULATION

Treatment Date: 04/26/2012 End Date: 04/26/2012 Date of First Production this formation: 05/09/2012
Perforations Top: 7396 Bottom: 7478 No. Holes: 60 Hole size: 0.42

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

PERF NBRR 7396-7478 HOLES 60 SIZE .42
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 235,958 gal slickwater w/ 200,820# 40/70, 4,000# 20/40.
Broke @ 3,462 psi @ 4.8 bpm. ATP=4,654 psi; MTP=5,346 psi; ATR=61.5 bpm; ISDP=3,341 psi

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5618 Max pressure during treatment (psi): 5346

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Min 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): 5618 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204820 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: 6/7/2012 Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400293529	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)