

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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400296924

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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 05-123-33190-00  
6. County: WELD  
7. Well Name: FEHRN  
Well Number: 1-32  
8. Location: QtrQtr: SENE Section: 32 Township: 2N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: DAKOTA Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 05/30/2012 End Date: 05/30/2012 Date of First Production this formation: 06/13/2012  
Perforations Top: 8270 Bottom: 8290 No. Holes: 60 Hole size: 0.38

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

PERF DKTA 8270-8290 HOLES 60 SIZE .38  
Frac DKTA down 2.875" tbg w/ pkr ^ dkta w/ 14,322 gal vistar w/ 9,080# 100-Mesh, 48,460# 20/40, 8,180# 20/40.  
Broke @ 3,199 psi @ 3.6 bpm. ATP=6,180 psi; MTP=6,603 psi; ATR=8.8 bpm; ISDP=3,511 psi

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): 6603  
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): \_\_\_\_\_ Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 65720 Rule 805 green completion techniques were utilized:   
Reason why green completion not utilized: \_\_\_\_\_

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

#### Test Information:

Date: 06/14/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 20 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 20 Bbl H2O: 0 GOR: 20000  
Test Method: FLOWING Casing PSI: 910 Tubing PSI: 860 Choke Size: 0  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1244 API Gravity Oil: 49  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6242 Tbg setting date: 06/04/2012 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: 6/27/2012 Email: JOEL.MALEFYT@ANADARKO.COM

#### Attachment Check List

Att Doc Num	Name
400296924	FORM 5A SUBMITTED

Total Attach: 1 Files

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