

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:

400306448

Date Received:

07/18/2012

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 05-123-19958-00  
6. County: WELD  
7. Well Name: HSR-TEETS  
Well Number: 11-20A  
8. Location: QtrQtr: NESW Section: 20 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: 04/18/2012 End Date: 04/18/2012 Date of First Production this formation: 02/01/2006

Perforations Top: 7561 Bottom: 7581 No. Holes: 60 Hole size: 0.38

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

Refrac CODL down 4.5" casing w/ 202,272 gal slickwater w/ 150,340# 40/70, 4,000# 20/40.  
Break not observed. ATP=4,739 psi; MTP=5,145 psi; ATR=58.0 bpm; ISDP=2,740 psi

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4816 Max pressure during treatment (psi): 5145

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): 0 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 154340 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: _____		End Date: _____		Date of First Production this formation: 09/14/2001	
Perforations	Top: 8011	Bottom: 8048	No. Holes: 74	Hole size: 0.38	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
SET SAND PLUG 7800-8113.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____		
Total proppant used (lbs): _____			Rule 805 green completion techniques were utilized: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
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: TO PRODUCE NB/CD					
Date formation Abandoned: 04/12/2012		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 05/07/2012

Perforations Top: 7348 Bottom: 7581 No. Holes: 120 Hole size: 0.42

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

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: \_\_\_\_\_

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: 05/01/2012 Hours: 24 Bbl oil: 4 Mcf Gas: 41 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 4 Mcf Gas: 41 Bbl H2O: 0 GOR: 11105

Test Method: FLOWING Casing PSI: 234 Tubing PSI: 224 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1188 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7529 Tbg setting date: 04/27/2012 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 04/17/2012 End Date: 04/18/2012 Date of First Production this formation: 05/07/2012  
Perforations Top: 7348 Bottom: 7477 No. Holes: 60 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐

PERF NBRR 7348-7477 HOLES 60 SIZE .42  
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 240,870 gal slickwater w/ 201,520# 40/70, 4,000# 20/40.  
Broke @ 2,552 psi @ 5.2 bpm. ATP=4,278 psi; MTP=5,701 psi; ATR=60.3 bpm; ISDP=2,708 psi

This formation is commingled with another formation: ☒ Yes ☐ No  
Total fluid used in treatment (bbl): 5735 Max pressure during treatment (psi): 5701  
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): 6 Number of staged intervals: 1  
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 205520 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: 7/18/2012 Email: JOEL.MALEFYT@ANADARKO.COM

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Att Doc Num	Name
400306448	FORM 5A SUBMITTED

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