

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:
400330320
Date Received:
09/26/2012

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: JOEL MALEFYT
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828
 3. Address: P O BOX 173779 Fax: (720) 929-7828
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-35156-00 6. County: WELD
 7. Well Name: BROWN Well Number: 35N-26HZ
 8. Location: QtrQtr: SWSW Section: 35 Township: 3N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 07/18/2012 End Date: 07/20/2012 Date of First Production this formation: 08/04/2012
 Perforations Top: 7797 Bottom: 12677 No. Holes: 0 Hole size: 0
 Provide a brief summary of the formation treatment: _____ Open Hole:

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7797-12677. AVERAGE TREATING PRESSURE 5074, AVERAGE RATE 59.97. 1901020# 40/70, 184619# 30/50, 16050# CRC 20/40, TOTAL SAND WEIGHT 2101689#

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 88530 Max pressure during treatment (psi): 7585
 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): 0.92
 Total acid used in treatment (bbl): _____ Number of staged intervals: 24
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 14063
 Fresh water used in treatment (bbl): 79986 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 2101689 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/11/2012 Hours: 24 Bbl oil: 331 Mcf Gas: 912 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 331 Mcf Gas: 912 Bbl H2O: 0 GOR: 2757
 Test Method: FLOWING Casing PSI: 2673 Tubing PSI: 2031 Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1228 API Gravity Oil: 48
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7319 Tbg setting date: 08/03/2012 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:

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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: 9/26/2012 Email: JOEL.MALEFYT@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400330320	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)