

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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Date Received:

08/28/2012

**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 05-123-32344-00  
6. County: WELD  
7. Well Name: BADDING  
Well Number: 15-26SX  
8. Location: QtrQtr: NESE Section: 26 Township: 2N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: SUSSEX Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 12/14/2011 End Date: 12/14/2011 Date of First Production this formation: 08/07/2012  
Perforations Top: 4808 Bottom: 4922 No. Holes: 52 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole:

PERF SUSX 4808-4922 HOLES 52 SIZE .42  
Frac Sussex down 4-1/2" Csg w/ 19,824 gal Lightning N2 w/ 180,560# 20/40, 20,020# SuperLC.  
Broke @ 2,732 psi @ 4.8 bpm. ATP=2,931 psi; MTP=3,370 psi; ATR=13.2 bpm; ISDP=2,055 psi

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 472 Max pressure during treatment (psi): 3370

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): 200580 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

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

#### Test Information:

Date: 08/07/2012 Hours: 24 Bbl oil: 5 Mcf Gas: 5 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 5 Bbl H2O: 0 GOR: 1000

Test Method: FLOWING Casing PSI: 3 Tubing PSI: 0 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1295 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7961 Tbg setting date: 01/24/2012 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: 8/28/2012 Email: JOEL.MALEFYT@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400321198	FORM 5A SUBMITTED

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)