

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400407915

Date Received:

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 05-123-35876-00
6. County: WELD
7. Well Name: NICHOLS
Well Number: 26N-5HZ
8. Location: QtrQtr: SENE Section: 8 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 03/21/2013 End Date: 03/28/2013 Date of First Production this formation: 04/02/2013
Perforations Top: 7430 Bottom: 13920 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: _____ Open Hole:

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7430-13920.
6725 BBL LINER GEL, 417 BBL ACID, 42166 BBL CROSSLINK GEL, 109801 BBL SLICKWATER, 159109 BBL TOTAL FLUID.
2020660# 40/70 SAND, 1492220# 30/50 SAND, 112720# 20/40 SAND, 3625600# TOTAL SAND.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 159109 Max pressure during treatment (psi): 7728
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.00
Total acid used in treatment (bbl): 417 Number of staged intervals: 33
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 17825
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 159109 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/15/2013 Hours: 24 Bbl oil: 358 Mcf Gas: 1078 Bbl H2O: 308
Calculated 24 hour rate: Bbl oil: 358 Mcf Gas: 1078 Bbl H2O: 308 GOR: 3011
Test Method: FLOWING Casing PSI: 2551 Tubing PSI: 2026 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 51 API Gravity Oil: 1279
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7035 Tbg setting date: 04/06/2013 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: _____ Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)