

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:

400479987

Date Received:

09/12/2013

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: Katie Kistner
Phone: (720) 9294317
Fax: _____

5. API Number 05-123-36212-00

6. County: WELD

7. Well Name: BYDALEK
Well Number: 28C-20HZ

8. Location: QtrQtr: SWSW Section: 20 Township: 2N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/19/2013 End Date: 07/20/2013 Date of First Production this formation: 07/25/2013

Perforations Top: 7876 Bottom: 12039 No. Holes: 0 Hole size: 0

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

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7827-12039.
3695 BBL CROSSLINK GEL, 108 BBL LINEAR GEL, 74463 BBL SLICKWATER, 78267 BBL TOTAL FLUID.
2096694# 30/50 SAND, 101340# 40/70 SAND, 2198034# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 78267 Max pressure during treatment (psi): 7100

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): 0.84

Total acid used in treatment (bbl): 0 Number of staged intervals: 20

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5359

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

Total proppant used (lbs): 2198034 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/07/2013 Hours: 24 Bbl oil: 281 Mcf Gas: 635 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 281 Mcf Gas: 635 Bbl H2O: 0 GOR: 2343

Test Method: FLOWING Casing PSI: 1785 Tubing PSI: 1176 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1289 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7430 Tbg setting date: 07/29/2013 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: Katie Kistner

Title: Regulatory Analyst Date: 9/12/2013 Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num **Name**

400479987 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)