

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:

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 05-123-37145-00
6. County: WELD
7. Well Name: WISHBONE
Well Number: 30C-24HZ
8. Location: QtrQtr: SWSW Section: 24 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/09/2013 End Date: 09/10/2013 Date of First Production this formation: 10/02/2013

Perforations Top: 7998 Bottom: 11868 No. Holes: 0 Hole size: 0

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

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7998-11868.
3513 BBL CROSSLINK GEL, 104 BBL LINEAR GEL, 66294 BBL SLICKWATER, 69911 BBL TOTAL FLUID
100953# 30/50 OTTAWA/ST. PETERS SAND, 1964582# 40/70 OTTAWA/ST. PETERS SAND, 2065535# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 69911 Max pressure during treatment (psi): 7419

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): 0.88

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 6911

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

Total proppant used (lbs): 2065535 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/14/2013 Hours: 24 Bbl oil: 221 Mcf Gas: 463 Bbl H2O: 92

Calculated 24 hour rate: Bbl oil: 221 Mcf Gas: 463 Bbl H2O: 92 GOR: 2095

Test Method: FLOWING Casing PSI: 2161 Tubing PSI: 1775 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1382 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7444 Tbg setting date: 10/10/2013 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: _____ Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)