

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:

400495453

Date Received:

10/15/2013

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 05-123-37152-00

6. County: WELD

7. Well Name: WISHBONE

Well Number: 29N-W24HZ

8. Location: QtrQtr: SWSW Section: 24 Township: 2N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 09/01/2013 End Date: 09/08/2013 Date of First Production this formation: 09/21/2013
Perforations Top: 7762 Bottom: 11895 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: _____ Open Hole:

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7762-11895.
131 BBL ACID, 11738 BBL CROSSLINK GEL, 1959 BBL LINEAR GEL, 68800 BBL SLICKWATER, 82627 BBL TOTAL FLUID.
336036# 30/50 OTTAWA/ST. PETERS SAND, 1881519# 40/70 OTTAWA/ST. PETERS SAND, 2217555# TOTAL SAND.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 82627 Max pressure during treatment (psi): 7437
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): 0.83
Total acid used in treatment (bbl): 131 Number of staged intervals: 32
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 7479
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 2217555 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/01/2013 Hours: 24 Bbl oil: 252 Mcf Gas: 417 Bbl H2O: 143
Calculated 24 hour rate: Bbl oil: 252 Mcf Gas: 417 Bbl H2O: 143 GOR: 1655
Test Method: FLOWING Casing PSI: 2478 Tubing PSI: 2020 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: 7260 Tbg setting date: 09/27/2013 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: 10/15/2013 Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Name
400495453	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)