

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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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: <u>47120</u>	4. Contact Name: <u>JOEL MALEFYT</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6828</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7828</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>JOEL.MALEFYT@ANADARKO.COM</u>

5. API Number <u>05-123-26491-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DACCONO STATE</u>	Well Number: <u>12-36</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>36</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/20/2013 End Date: 09/20/2013 Date of First Production this formation: 12/08/2008

Perforations Top: 7702 Bottom: 7722 No. Holes: 60 Hole size: 0.38

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

CODELL REFRAC
4744 BBL SLICKWATER, 4744 BBL TOTAL FLUID.
149220# 40/70 SAND, 4000# 20/40 SAND, 153220# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4744 Max pressure during treatment (psi): 4809

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): 0.82

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 49

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

Total proppant used (lbs): 153220 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: NIORARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/08/2008

Perforations Top: 7476 Bottom: 7722 No. Holes: 160 Hole size: 0.38

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

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/13/2013 Hours: 24 Bbl oil: 5 Mcf Gas: 64 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 64 Bbl H2O: 0 GOR: 12800

Test Method: FLOWING Casing PSI: 702 Tubing PSI: 653 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1321 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7657 Tbg setting date: 09/26/2013 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: 11/14/2013 Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400512780	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)