

**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: <u>47120</u>	4. Contact Name: <u>Katie Kistner</u>
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 9294317</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>katie.kistner@anadarko.com</u>

5. API Number <u>05-123-33140-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CARTER</u>	Well Number: <u>9-32SX</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>32</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u>	Field Code: <u>90750</u>

### Completed Interval

FORMATION: SUSSEX Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 11/16/2011 End Date: 11/16/2011 Date of First Production this formation: 12/03/2012  
Perforations Top: 4806 Bottom: 4908 No. Holes: 56 Hole size: 0.42  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Perf and Frac From - 4806-4908  
528 BBL LIGHTNING 70Q N2 FOAM, 528 BBL TOTAL FLUID  
180620# 12/20 OTTAWA-TEXSAND-DENVER, 20040# 20/40 SUPER LC, 200660# TOTAL SAND.

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 528 Max pressure during treatment (psi): 2956  
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): \_\_\_\_\_  
Total acid used in treatment (bbl): 0 Number of staged intervals: 3  
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 101  
Fresh water used in treatment (bbl): 528 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 200660 Rule 805 green completion techniques were utilized:   
Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 12/04/2012 Hours: 24 Bbl oil: 10 Mcf Gas: 4 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 4 Bbl H2O: 0 GOR: 350  
Test Method: FLOWING Casing PSI: 25 Tubing PSI: 30 Choke Size: 10/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1423 API Gravity Oil: 46  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4791 Tbg setting date: 11/11/2012 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)