

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 4. Contact Name: REBECCA HEIM
 2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6361
 3. Address: P O BOX 173779 Fax: (720) 929-7361
 City: DENVER State: CO Zip: 80217- Email: REBECCA.HEIM@ANADARKO.COM

5. API Number 05-123-15410-00 6. County: WELD
 7. Well Name: UPRC Well Number: 9-15K
 8. Location: QtrQtr: SWSE Section: 9 Township: 3N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/12/2012 End Date: 03/12/2012 Date of First Production this formation: 12/29/1991
 Perforations Top: 7412 Bottom: 7420 No. Holes: 68 Hole size: 0.41

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

Shot 32 holes. Refrac'd Codell with 239980.79 lbs. Ottawa sand, and 137575.2 gallons of fluid.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 3276 Max pressure during treatment (psi): 7808
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.86
 Total acid used in treatment (bbl): _____ Number of staged intervals: 1
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: DISPOSAL
 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: 03/09/2012 Hours: 24 Bbl oil: 2 Mcf Gas: 37 Bbl H2O: 5
 Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 37 Bbl H2O: 5 GOR: 1850
 Test Method: FLOWING Casing PSI: 413 Tubing PSI: 289 Choke Size: 34/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1250 API Gravity Oil: 61
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7398 Tbg setting date: 03/14/2012 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:

This well was refrac'd by Noble on 3/12/2012 but not report; aquired by Kerr McGee in 2014 and reported with information from Noble on their behalf

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: REBECCA HEIM
Title: SR. REGULATORY ANALYST Date: _____ Email RSCDJPOSTDRILL@ANADARKO.COM
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)