

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400440965

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: JOEL MALEFYT Phone: (720) 929-6828 Fax: (720) 929-7828

5. API Number 05-123-34699-00 6. County: WELD 7. Well Name: BERGER 8. Location: QtrQtr: SWNW Section: 2 Township: 1N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/15/2013 End Date: 05/15/2013 Date of First Production this formation: 06/03/2013 Perforations Top: 7687 Bottom: 7703 No. Holes: 64 Hole size: 0.38

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

5006 BBL SLICKWATER, 5006 BBL TOTAL FLUID. 150000# 40/70 SAND, 4000# 20/40 SAND, 154000# TOTAL SAND.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 5006 Max pressure during treatment (psi): 4738 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): 0.81 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 358 Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 154000 Rule 805 green completion techniques were utilized: [X]

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: FRACTURE STIMULATION

Treatment Date: 05/15/2013 End Date: 05/15/2013 Date of First Production this formation: 06/03/2013

Perforations Top: 7464 Bottom: 7703 No. Holes: 124 Hole size: 0.42

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: 06/06/2013 Hours: 24 Bbl oil: 90 Mcf Gas: 83 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 90 Mcf Gas: 83 Bbl H2O: 0 GOR: 922

Test Method: FLOWING Casing PSI: 787 Tubing PSI: 204 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1134 API Gravity Oil: 48

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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/15/2013 End Date: 05/15/2013 Date of First Production this formation: 06/03/2013

Perforations Top: 7464 Bottom: 7558 No. Holes: 60 Hole size: 0.42

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

5827 BBL SLICKWATER, 5827 BBL TOTAL FLUID.
200250# 40/70 SAND, 4000# 20/40 SAND, 204250# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5827 Max pressure during treatment (psi): 4940

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): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 358

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

Total proppant used (lbs): 204250 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.

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: _____ Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)