

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

1637950

**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: MICHAEL NAGEL  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6000  
3. Address: P O BOX 173779 Fax: (720) 929-7461  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-001-09684-00 6. County: ADAMS  
7. Well Name: PARTERRE Well Number: 23-16  
8. Location: QtrQtr: NWSW Section: 16 Township: 1S Range: 67W Meridian: 6

Completed Interval

FORMATION: <u>NIORARA-CODELL</u>		Status: <u>N/A</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>7684</u> Bottom: <u>8123</u>	No. Holes: <u>122</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>04/07/2010</u>	Hours: <u>24</u>	Bbls oil: <u>45</u>	Mcf Gas: <u>10</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>45</u>	Mcf Gas: <u>10</u> Bbls H2O: <u>0</u> GOR: <u>223</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>300</u>	Tubing PSI: _____	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1413</u>	API Gravity Oil: <u>51</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: NIOBRARA Status: N/A

Treatment Date: 01/19/2010 Date of First Production this formation: 01/19/2010

Perforations Top: 7684 Bottom: 7950 No. Holes: 62 Hole size: 42/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

500 GALS ACID AND 235547 GALS FLUID AND 200300 LBS 40/70 SAND AND 4000 LBS 20/40 SB EXCEL.

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls 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: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: MICHAEL NAGEL

Title: REGULATORY ANALYST II Date: 4/7/2010 Email: MICHAEL.NAGEL@ANADARKO.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin* Director of COGCC Date: 6/21/2010

### **Attachment Check List**

Att Doc Num	Name	Doc Description
1637950	FORM 5A SUBMITTED	LF@2480822 1637950

Total Attach: 1 Files