

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:

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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: 47120  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-37  
4. Contact Name: Cindy Vue  
Phone: (720) 929-6832  
Fax: (720) 929-7832

5. API Number 05-123-21039-00  
6. County: WELD  
7. Well Name: STREAR STATE  
Well Number: 8-36A  
8. Location: QtrQtr: SENE Section: 36 Township: 2N Range: 68W Meridian: 6

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 08/30/2010 Date of First Production this formation: 09/10/2010  
Perforations Top: 7644 Bottom: 7660 No. Holes: 80 Hole size: 0.38

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

Reperf CODL 7644-7660 Holes 32 Size 0.38.  
Refrac CODL w/ 204,792 gal SW & 150,840# 40/70 sand & 4,000# 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: \_\_\_\_\_

FORMATION: <u>J SAND</u>				Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>08/19/2010</u>		Date of First Production this formation: <u>10/09/2002</u>			
Perforations	Top: <u>8084</u>	Bottom: <u>8108</u>	No. Holes: <u>96</u>	Hole size: <u>0.3</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Set sand plug @ 7860'.</div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
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:					
<div style="border: 1px solid black; padding: 2px;">JSND temporarily abandoned for CODL refrac/NBRR recompleate.</div>					
Date formation Abandoned: <u>08/19/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: <u>7860</u>		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/30/2010</u>		Date of First Production this formation: <u>09/10/2010</u>			
Perforations	Top: <u>7424</u>	Bottom: <u>7660</u>	No. Holes: <u>146</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">NBRR Perf 7424-7550 Holes 66 Size 0.42      CODL Perf 7644-7660 Holes 80 Size 0.38 Frac NBRR w/ 252 gal 15% HCl &amp; 243,054 gal SW &amp; 201,060# 40/70 sand &amp; 4,000# SB Excel.</div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>09/19/2010</u>	Hours: <u>24</u>	Bbls oil: <u>5</u>	Mcf Gas: <u>65</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>5</u>	Mcf Gas: <u>65</u>	Bbls H2O: <u>0</u>	GOR: <u>13000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1300</u>	Tubing PSI: <u>750</u>	Choke Size: _____		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1316</u>	API Gravity Oil: <u>49</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7620</u>	Tbg setting date: <u>09/02/2010</u>	Packer Depth: _____		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px;"></div>					
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: _____			

Comment:

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

Signed: \_\_\_\_\_

Print Name: Cindy Vue

Title: Regulatory Analyst II

Date: \_\_\_\_\_

Email Cindy.Vue@anadarko.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_