

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

5. API Number 05-123-17410-00 6. County: WELD
7. Well Name: MAYER Well Number: 22-13L
8. Location: QtrQtr: SWSW Section: 22 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>10/15/2010</u>	Date of First Production this formation: <u>02/26/2000</u>
Perforations Top: <u>7541</u> Bottom: <u>7582</u>	No. Holes: <u>66</u> Hole size: <u>0.28</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Set sand plug @ 7340'.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____	
<u>JSND temporarily abandoned for CODL refrac.</u>	
Date formation Abandoned: <u>10/15/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7340</u>	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/03/2010 Date of First Production this formation: 11/15/2010

Perforations Top: 6861 Bottom: 7125 No. Holes: 104 Hole size: 0.36

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

NBRR Perf 6861-6969 Holes 54 Size 0.28 CODL Perf 7115-7125 Holes 50 Size 0.36
Reperf CODL 7115-7125 Holes 30 Size 0.36.
Refrac CODL w/ 204,036 gal SW & 150,180# 40/70 sand & 4,000# SB Excel.

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

Test Information:

Date: 11/17/2010 Hours: 24 Bbls oil: 14 Mcf Gas: 120 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 14 Mcf Gas: 120 Bbls H2O: 0 GOR: 8571

Test Method: FLOWING Casing PSI: 700 Tubing PSI: 600 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1223 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7087 Tbg setting date: 11/08/2010 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: _____

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

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: _____

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)