

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:

2556298

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) 9296836
3. Address: P O BOX 173779 Fax: (720) 9297832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-17843-00 6. County: WELD
7. Well Name: PSC Well Number: 12-9A
8. Location: QtrQtr: SWNW Section: 9 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>06/07/2010</u>	Date of First Production this formation: <u>06/09/2010</u>
Perforations Top: <u>7120</u> Bottom: <u>7140</u>	No. Holes: <u>60</u> Hole size: <u>51/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>REPERF CODL 7120-7140 HOLES 40 SIZE 0.51. REFRAC CODL W/ 126036 GAL PHASER AND 261600# 30/50 SAND AND 4000# SB EXCEL.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: _____	
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: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>06/01/2100</u>		Date of First Production this formation: <u>01/19/2004</u>	
Perforations	Top: <u>7565</u> Bottom: <u>7614</u>	No. Holes: <u>98</u>	Hole size: <u>21/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>SET SAND PLUG @ 7180.</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 NB-CD RECOMPLETE.</u>			
Date formation Abandoned: <u>06/01/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7180</u>		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/07/2010</u>		Date of First Production this formation: <u>06/09/2010</u>	
Perforations	Top: <u>6860</u> Bottom: <u>7140</u>	No. Holes: <u>112</u>	Hole size: <u>51/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>NBRR PERF 6860-6986 HOLES 52 SIZE 0.50. CODL PERF 7120-7140 HOLES 60 SIZE 0.51.</u>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>06/22/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: <u>7</u>	Mcf Gas: <u>96</u> Bbls H2O: <u>0</u> GOR: <u>13714</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>150</u>	Tubing PSI: _____	Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1373</u>	API Gravity Oil: <u>52</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
<u></u>			
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: COMMINGLED

Treatment Date: 06/07/2010 Date of First Production this formation: 06/09/2010

Perforations Top: 6860 Bottom: 6986 No. Holes: 52 Hole size: 50/100

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

FRAC NBRR W/ 500 GAL 15% HCL AND 176356 GAL PHASER HYBRID AND 252120# 30/50 SAND AND 4000# 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: _____

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: 6/25/2010 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: David S. Neslin Director of COGCC Date: 11/24/2010

Attachment Check List

Att Doc Num	Name
2556298	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

_____	_____	_____
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Total: 0 comment(s)