

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:

2510647

**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 05-123-09159-00 6. County: WELD  
7. Well Name: UPRR 38 PAN AM "F" Well Number: 1  
8. Location: QtrQtr: SWNE Section: 11 Township: 2N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/24/2010</u>	Date of First Production this formation: <u>06/28/2010</u>
Perforations Top: <u>7484</u> Bottom: <u>7502</u>	No. Holes: <u>82</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>REPERF CODL 7484-7498 HOLES 28 SIZE 0.47. REFRAC CODL W/165,534 GAL SW &amp; 115,240# 40/70 SAND &amp; 4,000# SB EXCEL.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>07/12/2010</u> Hours: <u>      </u>	Bbls oil: <u>      </u> Mcf Gas: <u>      </u> Bbls H2O: <u>      </u>
Calculated 24 hour rate:	Bbls oil: <u>13</u> Mcf Gas: <u>41</u> Bbls H2O: <u>0</u> GOR: <u>3154</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1021</u> Tubing PSI: <u>536</u> Choke Size: <u>30/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1261</u> API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7435</u>	Tbg setting date: <u>06/15/2010</u> Packer Depth: <u>      </u>
Reason for Non-Production: <u>      </u>	
Date formation Abandoned: <u>      </u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>      </u>
Bridge Plug Depth: <u>      </u>	Sacks cement on top: <u>      </u>

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 08/11/2004 Date of First Production this formation: 03/16/1978  
Perforations Top: 7930 Bottom: 7990 No. Holes: 184 Hole size: 38/100

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

SET CIBP @7850' W/2 SACKS OF CEMENT FOR MECHANICAL INTEGRITY.

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:

JSND TEMPORARILY ABANDONED FOR CODL RECOMPLETE.

Date formation Abandoned: 08/11/2004 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7850 Sacks cement on top: 2

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: 7/15/2010 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: David S. Neslin Director of COGCC Date: 12/3/2010

**Attachment Check List**

Att Doc Num	Name
2510647	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)