

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:

400093841

**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 05-123-21891-00 6. County: WELD  
7. Well Name: SHAFER Well Number: 7-26  
8. Location: QtrQtr: SWNE Section: 26 Township: 2N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>04/28/2010</u>	Date of First Production this formation: <u>02/09/2004</u>
Perforations Top: <u>7998</u> Bottom: <u>8034</u>	No. Holes: <u>72</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Set CIBP @ 7310'.</u>	
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:	
<u>JSND temporarily abandoned for SUSX recomple.</u>	
Date formation Abandoned: <u>04/28/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7310</u>	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 04/28/2010 Date of First Production this formation: 02/09/2004

Perforations Top: 7334 Bottom: 7768 No. Holes: 31 Hole size: 0.38

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

NBRR Perf 7334-7345 Holes 11 Size 0.38 CODL Perf 7758-7768 Holes 20 Size 0.38  
Set CIBP @ 7310'.

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:

NB-CD temporarily abandoned for SUSX recomple.

Date formation Abandoned: 04/28/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7310 Sacks cement on top: \_\_\_\_\_

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 06/17/2010 Date of First Production this formation: 07/30/2010

Perforations Top: 4724 Bottom: 4850 No. Holes: 49 Hole size: 0.38

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

Frac SUSX w/ 73,396 gal N2 foam & 1,250,000 scf N2 & 230,280# 16/30 sand & 25,000# 16/30 SiberProp.

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

**Test Information:**

Date: 09/14/2010 Hours: 24 Bbls oil: 47 Mcf Gas: 27 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 47 Mcf Gas: 27 Bbls H2O: 0 GOR: 574

Test Method: FLOWING Casing PSI: 140 Tubing PSI: 140 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1248 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4780 Tbg setting date: 06/25/2010 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: 9/20/2010 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 G. Neslin Director of COGCC Date: 12/10/2010

**Attachment Check List**

Att Doc Num	Name
400093841	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Industry	The Form 5 Drilling Completion Report that reflects the SUSX squeeze was previously submitted 8/9/2010.	9/20/2010 9:19:53 AM

Total: 1 comment(s)