

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 05-123-13524-00 6. County: WELD
7. Well Name: JAMES WEBSTER B Well Number: 1
8. Location: QtrQtr: SWNE Section: 1 Township: 1N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED

Treatment Date: 07/28/2001 Date of First Production this formation: _____
Perforations Top: 8103 Bottom: 8140 No. Holes: 40 Hole size: 0.21

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

PUMPED 42 BBLS 4% KCL WATER AND WATER PRESSURE BLEED OFF FOR 90 MINUTES

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:

Not economic. Dakota never produced.

Date formation Abandoned: 09/19/2001 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8070 Sacks cement on top: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 10/03/2001 Date of First Production this formation: 10/11/2001

Perforations Top: 7922 Bottom: 7963 No. Holes: 64 Hole size: 0.21

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

Frac w/ 202,204 gal frac gel; 383,480# 20/40 sand

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

Test Information:

Date: 12/10/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 73 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 73 Bbls H2O: 0 GOR: 73000

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 450 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1195 API Gravity Oil: 46

Tubing Size: 1 + 1/4 Tubing Setting Depth: 7892 Tbg setting date: 08/27/2002 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: SUSSEX Status: PRODUCING

Treatment Date: 10/01/1987 Date of First Production this formation: 11/30/1987

Perforations Top: 4634 Bottom: 4688 No. Holes: 160 Hole size: 0.4

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

188,000# proppant and 50,862 gal frac fluid.

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

Test Information:

Date: 12/10/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 2 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 2 Bbls H2O: 0 GOR: 667

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 450 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1195 API Gravity Oil: 46

Tubing Size: 1 + 1/4 Tubing Setting Depth: 7892 Tbg setting date: 08/27/2002 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:

ATTN: DARLA GEIMAUSADDLE. This well is on the COGCC Delinquent List for DKTA formation 10/2001-4/2010 for 103 missing reports.
This Form 5A has the updated Formation Status.

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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)