

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:

400092280

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 05-001-09466-00 6. County: ADAMS
7. Well Name: CENTRICOM STATE Well Number: 11-16
8. Location: QtrQtr: NESW Section: 16 Township: 1S Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/19/2010</u>	Date of First Production this formation: <u>08/25/2010</u>
Perforations Top: <u>8004</u> Bottom: <u>8022</u>	No. Holes: <u>54</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac CODL w/ 177,702 gal SW & 150,800# 40/70 sand & 4,000# SB Excel.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/31/2010</u> Hours: <u>24</u> Bbls oil: <u>39</u> Mcf Gas: <u>18</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>39</u> Mcf Gas: <u>18</u> Bbls H2O: <u>0</u> GOR: <u>462</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>411</u> Tubing PSI: <u></u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1437</u> API Gravity Oil: <u>44</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7981</u> Tbg setting date: <u>09/08/2010</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: 08/10/2010 Date of First Production this formation: 06/05/2003
Perforations Top: 8425 Bottom: 8457 No. Holes: 56 Hole size: 38/100

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

Set sand plug @ 8200'.

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: 08/10/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8200 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: 9/13/2010 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: 12/22/2010

Attachment Check List

Att Doc Num	Name
400092280	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)