

**FORM  
5A**Rev  
02/08State 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:

400119215

**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: Kenny Trueax  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383  
3. Address: P O BOX 173779 Fax: (720) 929-7383  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-17599-00 6. County: WELD  
7. Well Name: MAYER Well Number: 22-15L  
8. Location: QtrQtr: SWSE Section: 22 Township: 3N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>11/05/2010</u>		Date of First Production this formation: <u>12/12/1993</u>		
Perforations	Top: <u>7266</u>	Bottom: <u>7278</u>	No. Holes: <u>56</u>	Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>CD Perfs: 7266-7278 Holes: 36 Size: .36 Refrac CD w/164,476 gal SW containing 115,180# 40/70 sand and 4000# 20/40 Super LC sand</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>12/20/2010</u>	Hours: <u>24</u>	Bbls oil: <u>10</u>	Mcf Gas: <u>76</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>10</u>	Mcf Gas: <u>76</u>	Bbls H2O: <u>0</u> GOR: <u>6700</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>539</u>	Tubing PSI: <u>344</u>	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1213</u>	API Gravity Oil: <u>51</u>	
Tubing Size: <u>2.062</u>	Tubing Setting Depth: <u>7356</u>	Tbg setting date: <u>09/25/2005</u>	Packer Depth: _____	
Reason for Non-Production: <div></div>				
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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 10/18/2010 Date of First Production this formation: 04/02/2000  
Perforations Top: 7718 Bottom: 7770 No. Holes: 80 Hole size: 0.22

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

J Sand under sand plug from 7382'-7582' to recomplete the CD formation

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:

J Sand under plug for Codell recompletion

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: Kenny Trueax

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email Kenny.Trueax@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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)