

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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COMPLETED INTERVAL REPORT

Document Number:

400119215

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: CODELL Status: PRODUCING
 Treatment Date: 11/05/2010 Date of First Production this formation: 12/12/1993
 Perforations Top: 7266 Bottom: 7278 No. Holes: 56 Hole size: 0.34
 Provide a brief summary of the formation treatment: _____ Open Hole:
 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
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/20/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 76 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 76 Bbls H2O: 0 GOR: 6700
 Test Method: Flowing Casing PSI: 539 Tubing PSI: 344 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1213 API Gravity Oil: 51
 Tubing Size: 2.062 Tubing Setting Depth: 7356 Tbg setting date: 09/25/2005 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: 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 recomplate 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)