

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: 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 05-123-17885-00 6. County: WELD
7. Well Name: HSR-CULLEN ODENBAUGH Well Number: 11-12A
8. Location: QtrQtr: NESW Section: 12 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>10/26/2010</u>		Date of First Production this formation: <u>03/09/2001</u>	
Perforations	Top: <u>7704</u>	Bottom: <u>7758</u>	No. Holes: <u>66</u> Hole size: <u>0.21</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>J Sand under sand plug at 7332</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____			
<u>TA for Niobrara-Codell recomple</u>			
Date formation Abandoned: <u>10/26/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/17/2010 Date of First Production this formation: 04/15/1994

Perforations Top: 6980 Bottom: 7282 No. Holes: 120 Hole size: 0.38

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

NB Perf: 6980-7150 Holes 66 Size .38
Frac NB w/ 252 gal 15% HCl & 242,088 gal Slickwater w/ 200,580# 40/70 sand, 4,000# SB Excel sand
CD Perf: 7264-7282 Holes 36 Size .38
Frac CD w/ 129,486 gal Super Z LpH w/ 261,040# 20/40 sand, 4,000# SB Excel sand

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

Test Information:

Date: 12/23/2010 Hours: 24 Bbls oil: 11 Mcf Gas: 117 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 11 Mcf Gas: 117 Bbls H2O: 0 GOR: 10636
Test Method: Flowing Casing PSI: 680 Tubing PSI: 402 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1233 API Gravity Oil: 58
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7196 Tbg setting date: 11/24/2010 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: 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)