

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400122365

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 05-123-23366-00 6. County: WELD
7. Well Name: ALVIN Well Number: 12-1
8. Location: QtrQtr: NWSW Section: 1 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 10/28/2010 Date of First Production this formation: 02/01/2006

Perforations Top: 7110 Bottom: 7124 No. Holes: 56 Hole size: 0.38

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

Sand plug placed at 4667'

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:

TA for Sussex recomplete

Date formation Abandoned: 10/28/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 10/28/2010 Date of First Production this formation: 03/02/2010

Perforations Top: 7568 Bottom: 7598 No. Holes: 72 Hole size: 0.38

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

Sand plug set at 4667'

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: _____

TA for Sussex recomplete

Date formation Abandoned: 10/28/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 11/17/2010 Date of First Production this formation: 12/02/2010

Perforations Top: 4492 Bottom: 4514 No. Holes: 44 Hole size: 0.38

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

SX Perf: 4492-4514 Holes: 44 Size: .38
Frac SX w/ 17,711 gal Lightning N2 w/ 180,040# 16/30 sand, 20,080# SB Excel sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/09/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 51 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 51 Bbls H2O: 0 GOR: 17000

Test Method: Flowing Casing PSI: 836 Tubing PSI: 755 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1193 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4458 Tbg setting date: 11/22/2010 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)