

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:

400122365

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 05-123-23366-00 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

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|--|---|
| FORMATION: <u>CODELL</u> | Status: <u>TEMPORARILY ABANDONED</u> |
| Treatment Date: <u>10/28/2010</u> | Date of First Production this formation: <u>02/01/2006</u> |
| Perforations Top: <u>7110</u> Bottom: <u>7124</u> | No. Holes: <u>56</u> Hole size: <u>0.38</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <div>Sand plug placed at 4667'</div> | |
| 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: _____ | |
| <div>TA for Sussex recomplete</div> | |
| Date formation Abandoned: <u>10/28/2010</u> | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ |
| Bridge Plug Depth: _____ | Sacks cement on top: _____ |

FORMATION: 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 recomple

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)