

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:

400107170

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: Cindy Vue  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
 3. Address: P O BOX 173779 Fax: (720) 929-7832  
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-23025-00 6. County: WELD  
 7. Well Name: SPARBOE Well Number: 8-35  
 8. Location: QtrQtr: SENE Section: 35 Township: 2N Range: 65W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
 Treatment Date: 10/14/2010 Date of First Production this formation: 11/04/2010  
 Perforations Top: 7192 Bottom: 7206 No. Holes: 84 Hole size: 0.4  
 Provide a brief summary of the formation treatment: Open Hole:   
 Reperf CODL 7192-7206 Holes 28 Size 0.40.  
 Refrac CODL w/ 203,322 gal SW & 150,900# 40/70 sand & 4,000# SuperLC.  
 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:  
 \_\_\_\_\_  
 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: 09/14/2010 Date of First Production this formation: 07/19/2005

Perforations Top: 7650 Bottom: 7697 No. Holes: 114 Hole size: 0.34

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

Set sand plug @ 7448'.

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: \_\_\_\_\_

JSND temporarily abandoned for CODL refrac/NBRR recomplete.

Date formation Abandoned: 09/14/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7448 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/14/2010 Date of First Production this formation: 11/04/2010

Perforations Top: 6964 Bottom: 7206 No. Holes: 138 Hole size: 0.4

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

NBRR Perf 6964-7058 Holes 54 Size 0.42 CODL Perf 7192-7206 Holes 84 Size 0.40  
Frac NBRR w/ 250 gal 15% HCl & 245,072 gal SW & 200,940# 40/70 sand & 4,000# SuperLC.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 11/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 1592 Tubing PSI: 549 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1176 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7182 Tbg setting date: 10/27/2010 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: Cindy Vue

Title: Regulatory Analyst II Date: 11/9/2010 Email: Cindy.Vue@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: David S. Neslin Director of COGCC Date: 1/13/2011

**Attachment Check List**

Att Doc Num	Name
400107170	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)