

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:

400114723

**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 05-123-17572-00 6. County: WELD  
7. Well Name: HERMAN Well Number: 32-9K  
8. Location: QtrQtr: NESE Section: 32 Township: 3N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>11/10/2010</u>	Date of First Production this formation: <u>12/27/1993</u>
Perforations Top: <u>7358</u> Bottom: <u>7368</u>	No. Holes: <u>20</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Commingled with Niobrara</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: <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: 11/10/2010 Date of First Production this formation: 03/21/2000

Perforations Top: 7798 Bottom: 7834 No. Holes: 57 Hole size: 0.2

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

Spot 2400# sand at 7402

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 Niobrara recomplete

Date formation Abandoned: 11/10/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

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

FORMATION: NIOBRARA-CODELL Status: PRODUCING

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

Perforations Top: 7092 Bottom: 7368 No. Holes: 66 Hole size: 0.38

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

NB Perfs: 7092-7216 Holes: 46 Size: .38  
Frac NB w/750 gal 15% HCl, 61,258 gal SW pad and 103,425 gal gel w/ 250,320# 20/40 sand & 4000# 24/40 SB Excel  
CD: No additional treatment

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

**Test Information:**

Date: 12/04/2010 Hours: 24 Bbls oil: 22 Mcf Gas: 218 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 22 Mcf Gas: 218 Bbls H2O: 0 GOR: 9909

Test Method: Flowing Casing PSI: 523 Tubing PSI: 322 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7316 Tbg setting date: 11/10/2010 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: 12/8/2010

Email Kenny.Trueax@anadarko.com

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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: 1/21/2011

### **Attachment Check List**

Att Doc Num	Name
400114723	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)