

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:

400124385

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 05-123-22657-00 6. County: WELD
7. Well Name: SARCHET Well Number: 16-21
8. Location: QtrQtr: SESE Section: 21 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>12/03/2010</u>	Date of First Production this formation: <u>03/29/2005</u>
Perforations Top: <u>7388</u> Bottom: <u>7404</u>	No. Holes: <u>88</u> Hole size: <u>0.4</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	
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: <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: 11/11/2010 Date of First Production this formation: 11/21/2005

Perforations Top: 7832 Bottom: 7906 No. Holes: 138 Hole size: 0.38

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

Sand plug set at 7943'

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 Codell refrac/Niobrara recomplete

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

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/03/2010 Date of First Production this formation: 12/22/2010

Perforations Top: 7114 Bottom: 7404 No. Holes: 154 Hole size: 0.42

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

NB 7114-7272 Holes 66 Size .42

Frac NB w/ 222,168 gal Slickwater w/ 150,620# 40/70 sand & 4,000# 20/40 SB Excel sand

CD Perf 7388-7404 Holes 32 Size .40

Perf CD w/ 222,168 gal Slickwater w/ 150,620# 40/70 sand & 4,000# 20/40 SB Excel sand

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

Test Information:

Date: 01/14/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 164 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 12 Mcf Gas: 164 Bbls H2O: 0 GOR: 13666

Test Method: Flowing Casing PSI: 589 Tubing PSI: 501 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1189 API Gravity Oil: 40

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: _____

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: 1/17/2011

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
400124385	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)