

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:

400136952

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: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-27042-00 6. County: WELD
7. Well Name: PIONEER Well Number: 25-11
8. Location: QtrQtr: SWSE Section: 11 Township: 2N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

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| FORMATION: <u>J-NIOBRARA-CODELL</u> | Status: <u>COMMINGLED</u> |
| Treatment Date: <u>12/30/2010</u> | Date of First Production this formation: <u>01/25/2011</u> |
| Perforations Top: <u>7364</u> Bottom: <u>8076</u> | No. Holes: <u>256</u> Hole size: <u>0.42</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>NB PERF 7364-7477 HOLES 126 SIZE 0.42</u> <u>CD PERF 7578-7594 HOLES 64 SIZE .38</u> <u>JSND PERF 8032-8076 HOLES 66 SIZE .40</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>02/21/2011</u> Hours: <u>24</u> Bbls oil: <u>4</u> Mcf Gas: <u>76</u> Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: Bbls oil: <u>4</u> Mcf Gas: <u>76</u> Bbls H2O: <u>0</u> GOR: <u>19000</u> | |
| Test Method: <u>FLOWING</u> Casing PSI: <u>816</u> Tubing PSI: <u>229</u> Choke Size: _____ | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1373</u> API Gravity Oil: <u>52</u> | |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7997</u> Tbg setting date: <u>01/17/2011</u> 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: PRODUCING

Treatment Date: 12/30/2010 Date of First Production this formation: 01/25/2011

Perforations Top: 8032 Bottom: 8076 No. Holes: 66 Hole size: 0.4

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

Frac J-Sand down 4-1/2" Csg w/ 162,112 gal Slickwater w/ 115,780# 40/70, 4,000# SB Excel.

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: _____

Comment:

NO CHOKE ON PRODUCTION INFORMATION.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)