

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:

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**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 05-123-21270-00 6. County: WELD  
7. Well Name: ANDERSON Well Number: 15-27A  
8. Location: QtrQtr: NESE Section: 27 Township: 3N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>01/27/2011</u>	Date of First Production this formation: <u>02/07/2011</u>
Perforations Top: <u>7221</u> Bottom: <u>7924</u>	No. Holes: <u>180</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NB PERF 7221-7356 HOLES 66 SIZE .42</u> <u>CD PERF 7470-7488 HOLES 54 SIZE .40</u> <u>JSND PERF 7904-7924 HOLES 60 SIZE .38</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>03/03/2011</u> Hours: <u>24</u> Bbls oil: <u>10</u> Mcf Gas: <u>54</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>10</u> Mcf Gas: <u>54</u> Bbls H2O: <u>0</u> GOR: <u>54000</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>793</u> Tubing PSI: _____ Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1270</u> API Gravity Oil: <u>51</u>	
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: PRODUCING

Treatment Date: 01/27/2011 Date of First Production this formation: 03/25/2003

Perforations Top: 7904 Bottom: 7924 No. Holes: 60 Hole size: 0.38

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

DRILLED OUT SAND PLUG SET @ 7650.  
WENT DOWNLINE WITH NB/CD ON 2/7/2011.

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:

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**

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

Total: 0 comment(s)