

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400145416

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 05-123-16297-00 6. County: WELD
7. Well Name: HSR-LEVINE Well Number: 9-36
8. Location: QtrQtr: NESE Section: 36 Township: 4N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 02/08/2011 Date of First Production this formation: 03/09/1994
Perforations Top: 7039 Bottom: 7805 No. Holes: 136 Hole size: 0.38

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

REMOVED CIBP ABOVE JSND TO COMMINGLE WITH NB/CD.

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

Test Information:

Date: 03/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 148 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 148 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 503 Tubing PSI: 423 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1127 API Gravity Oil: 60
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: PRODUCING

Treatment Date: 02/08/2011 Date of First Production this formation: 03/09/1994

Perforations Top: 7746 Bottom: 7805 No. Holes: 59 Hole size: 0.38

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

REMOVED CIBP SET @ 7495'.

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 I 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)