

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

COMPLETED INTERVAL REPORT

Document Number:

400149930

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 05-123-22699-00 6. County: WELD
7. Well Name: WIEDEMAN Well Number: 20-20
8. Location: QtrQtr: NWSE Section: 20 Township: 5N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 02/16/2011 Date of First Production this formation: 02/12/2008
Perforations Top: 7062 Bottom: 7410 No. Holes: 210 Hole size: 0.38
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
Re-Frac Codell down 4-1/2" Csg w/ 258,174 gal Slickwater w/ 200,160# 40/70, 4,000# SB Excel.
Returned Downline after Codell Re-Frac on 3/8/2011.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 03/31/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 42 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 6 Mcf Gas: 42 Bbls H2O: 0 GOR: 7000
Test Method: FLOWING Casing PSI: 797 Tubing PSI: 682 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1241 API Gravity Oil: 60
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7360 Tbg setting date: 02/25/2011 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

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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400149930	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)