

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:

400150575

**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: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31733-00 6. County: WELD  
7. Well Name: SPAUR Well Number: 41-7  
8. Location: QtrQtr: SENE Section: 7 Township: 4N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 03/18/2011 Date of First Production this formation: 03/22/2011  
Perforations Top: 6791 Bottom: 7110 No. Holes: 115 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐  
NB Perf 6791-6983 Holes 64 Size 0.42 CD Perf 7093-7110 Holes 51 Size 0.40  
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 244,778 gal Slickwater w/ 200,300# 40/70, 4,360# SB Excel  
Frac Codell down 4-1/2" Csg w/ 203,742 gal Slickwater w/ 150,020# 40/70, 4,020# SB Excel  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 04/02/2011 Hours: 24 Bbls oil: 27 Mcf Gas: 85 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 27 Mcf Gas: 85 Bbls H2O: 0 GOR: 3148  
Test Method: FLOWING Casing PSI: 180 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1345 API Gravity Oil: 54  
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: Cindy Vue

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email Cindy.Vue@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
400150575	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)