

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:

400166779

**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 05-123-32124-00 6. County: WELD  
7. Well Name: PEAKS Well Number: 14-2  
8. Location: QtrQtr: SESW Section: 2 Township: 1N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>WEBER</u>	Status: <u>INJECTING</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>5757</u> Bottom: <u>6435</u> No. Holes: _____ Hole size: _____	
Provide a brief summary of the formation treatment: _____ Open Hole: <input checked="" type="checkbox"/>	
<div>CONVERTED PRODUCING WELL TO A INJECTION WELL. CLEAN OUT WELLBORE, JOB STARTED 12/10/2010 JOB COMPLETED 1/20/2011 RUN 175 JOINTS FIBERLINED TUBING, RUN MIT CHART - FORM 21 SUBMITTED 1/24/2011 (WITNESSED BY CHUCK BROWING). WELL CURRENTLY SHUT IN WAITING ON INJECTION APPROVAL.</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: <u>2 + 7/8</u> Tubing Setting Depth: <u>5683</u> Tbg setting date: <u>01/19/2011</u> Packer Depth: <u>5568</u>	
Reason for Non-Production: _____	
<div>SHUT IN WAITING ON INJECTION PERMIT APPROVAL.</div>	
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: _____	

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
400164966	FORM 5A SUBMITTED
400164978	WELLBORE DIAGRAM
400164980	OPERATIONS SUMMARY
400164982	OTHER

Total Attach: 4 Files

**General Comments**

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

Total: 0 comment(s)