

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: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-28126-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SHABLE</u>	Well Number: <u>17-20</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>20</u> Township: <u>4N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

## Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 04/27/2011Date of First Production this formation: 05/12/2011Perforations Top: 6944 Bottom: 7754 No. Holes: 244 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐JSND RECOMPLETEThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 05/21/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 194 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 194 Bbls H2O: 0 GOR: 97000Test Method: FLOWING Casing PSI: 1204 Tubing PSI: 871 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1229 API Gravity Oil: 64Tubing Size: 2 + 3/8 Tubing Setting Depth: 7673 Tbg setting date: 05/03/2011 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: \_\_\_\_\_

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 04/27/2011Date of First Production this formation: 05/12/2011Perforations Top: 7698 Bottom: 7754 No. Holes: 60 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐Frac J-Sand down 4-1/2" Csg w/ 160,902 gal Slickwater w/ 115,240# 40/70, 4,000# SB Excel.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 MAHLERTitle: 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

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)