

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 & 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>05-123-20616-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>FARNSWORTH</u>	Well Number: <u>9-18A</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>18</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL			Status: COMMINGLED		
Treatment Date: 05/17/2011		Date of First Production this formation:		05/24/2011	
Perforations	Top: 7294	Bottom: 7982	No. Holes: 198	Hole size: 0.42	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
REMOVED SAND PLUG SET @ 7902'.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:					
Date: 05/28/2011	Hours: 24	Bbls oil: 9	Mcf Gas: 79	Bbls H2O: 0	
Calculated 24 hour rate:		Bbls oil: 9	Mcf Gas: 79	Bbls H2O: 0	GOR: 8778
Test Method: FLOWING		Casing PSI: 417	Tubing PSI:	Choke Size:	
Gas Disposition: SOLD		Gas Type: WET	BTU Gas: 1163	API Gravity Oil: 51	
Tubing Size:		Tubing Setting Depth:	Tbg setting date:	Packer Depth:	
Reason for Non-Production:					
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:			

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/17/2011</u>		Date of First Production this formation: <u>04/17/2002</u>	
Perforations	Top: <u>7931</u>	Bottom: <u>7982</u>	No. Holes: <u>102</u>
		Hole size: <u>0.45</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>REMOVED SAND PLUG SET @ 7902'</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:			
<div></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:

NO CHOKE.

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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)