

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:

400142402

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: Kenny Trueax
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
3. Address: P O BOX 173779 Fax: (720) 929-7383
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-19861-00 6. County: WELD
7. Well Name: GRANDVIEW ESTATES (HSR) Well Number: 11-19A
8. Location: QtrQtr: SENW Section: 19 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 03/04/2011 Date of First Production this formation: 02/14/2011
Perforations Top: 7086 Bottom: 7817 No. Holes: 177 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: ☐
NB Perf: 7086-7210 Holes: 54 Size: .38
CD Perf: 7348-7366 Holes: 36 Size: .38
J Sand Perf: 7789-7817 Holes: 87 Size: .38

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 03/01/2011 Hours: 0 Bbls oil: 38 Mcf Gas: 176 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 38 Mcf Gas: 176 Bbls H2O: 0 GOR: 4632
Test Method: Flowing Casing PSI: 388 Tubing PSI: 61 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1322 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7296 Tbg setting date: 03/04/2011 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: <u>J SAND</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>03/04/2011</u>		Date of First Production this formation: <u>01/09/2000</u>			
Perforations	Top: <u>7789</u>	Bottom: <u>7817</u>	No. Holes: <u>87</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Drill out sand plug to commingle J Sand with Niobrara/Codell					
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: _____					
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>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>02/05/2011</u>		Date of First Production this formation: <u>02/14/2011</u>			
Perforations	Top: <u>7086</u>	Bottom: <u>7366</u>	No. Holes: <u>90</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NB Perf: 7086-7210 Holes: 54 Size: .38 Frac NB w/ 248,686 gal SW w/ 200,300# 40/70 sand, 4,000# SB Excel sand CD Perf: 7348-7366 Holes: 36 Size: .38 Frac CD w/ 138,518 gal Super Z LpH w/ 220,000# 20/40 sand, 4,000# SB Excel sand					
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: _____					
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: Kenny Trueax

Title: Regulatory Analyst II

Date: 3/14/2011

Email: Kenny.Trueax@anadarko.com

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Attachment Check List

Att Doc Num	Name
400142402	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)