


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400163409</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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>80217-37</u>							
5. API Number <u>05-123-21367-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>PARKER</u>		Well Number: <u>11-15A</u>					
8. Location: QtrQtr: <u>NESW</u> Section: <u>15</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>							
9. Field Name: <u>SPINDLE</u>		Field Code: <u>77900</u>					
<u>Completed Interval</u>							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>04/25/2011</u>		Date of First Production this formation: <u>04/27/2011</u>					
Perforations Top: <u>7383</u> Bottom: <u>7957</u>		No. Holes: <u>200</u> Hole size: <u>0.42</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
REMOVED SAND PLUG SET @ 7715-8269' TO COMMINGLE WITH NB/CD							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>05/05/2011</u> Hours: <u>24</u>		Bbls oil: <u>8</u> Mcf Gas: <u>59</u> Bbls H2O: <u>0</u>					
Calculated 24 hour rate:		Bbls oil: <u>8</u> Mcf Gas: <u>59</u> Bbls H2O: <u>0</u> GOR: <u>7375</u>					
Test Method: <u>FLOWING</u>		Casing PSI: <u>449</u> Tubing PSI: <u> </u> Choke Size: <u>26/64</u>					
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u> BTU Gas: <u>1284</u> API Gravity Oil: <u>48</u>					
Tubing Size: <u> </u>		Tubing Setting Depth: <u> </u> Tbg setting date: <u> </u> Packer Depth: <u> </u>					
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>					
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: J SAND Status: PRODUCING

Treatment Date: 04/25/2011 Date of First Production this formation: _____

Perforations Top: 7917 Bottom: 7957 No. Holes: 80 Hole size: 0.45

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

REMOVED SAND PLUG SET @ 8269' TO COMMINGLE WITH NB/CD

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 MAHLER

Title: REGULATORY ANALYST 1 Date: 5/10/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400163409	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)