

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:

400175309

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: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-13808-00 6. County: WELD  
7. Well Name: DINNER UP Well Number: 1-13  
8. Location: QtrQtr: NENE Section: 13 Township: 4N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/05/2010 Date of First Production this formation: 04/09/2010  
Perforations Top: 7170 Bottom: 7186 No. Holes: 48 Hole size: 0.38

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

Set bridge plug @ 7122' on 3/2/10 over Codell for Niobrara recomple.  
Removed bridge plug 4/5/10.  
Commingled Codell with Niobrara on 4/9/10.

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: \_\_\_\_\_

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>04/05/2010</u>		Date of First Production this formation: <u>04/09/2010</u>			
Perforations	Top: <u>6876</u>	Bottom: <u>7186</u>	No. Holes: <u>120</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Release RBP over Codell. Land tbg @ 7156'. Commingle well.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>04/20/2010</u>	Hours: <u>24</u>	Bbls oil: <u>1</u>	Mcf Gas: <u>160</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>1</u>	Mcf Gas: <u>160</u>	Bbls H2O: <u>0</u>	GOR: <u>16000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1450</u>	Tubing PSI: <u></u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1210</u>	API Gravity Oil: <u>64</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7156</u>	Tbg setting date: <u>04/05/2010</u>	Packer Depth: <u></u>		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px;"></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>			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>04/09/2010</u>		Date of First Production this formation: <u>04/09/2010</u>			
Perforations	Top: <u>6876</u>	Bottom: <u>7070</u>	No. Holes: <u>72</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Commingle with Codell formation on 4/9/2010.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u></u>	Hours: <u></u>	Bbls oil: <u></u>	Mcf Gas: <u></u>	Bbls H2O: <u></u>	
Calculated 24 hour rate:		Bbls oil: <u></u>	Mcf Gas: <u></u>	Bbls H2O: <u></u>	GOR: <u></u>
Test Method: <u></u>	Casing PSI: <u></u>	Tubing PSI: <u></u>	Choke Size: <u></u>		
Gas Disposition: <u></u>	Gas Type: <u></u>	BTU Gas: <u></u>	API Gravity Oil: <u></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;"></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>			

**Comment:**

The well Dinner Up 1-13 API 123-13808 is on the Kerr-McGee OG #47120 Delinquency List for missing CODL reports from 08/2001 forward. This Form 5A is the most up to date on all producing formations. Thank you.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email: Cindy.Vue@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**

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

Total: 0 comment(s)