

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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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.

Document Number:

400177802

1. OGCC Operator Number: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-32637-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DENVER</u>	Well Number: <u>36-18</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>18</u> Township: <u>1N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

## Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 03/25/2011

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 8400 Bottom: 8426 No. Holes: 36 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

J S Perf 8400-8426 Holes 36 Size 0.42

Frac J-Sand down 4-1/2" Csg w/ 148,722 gal Slickwater w/ 115,200# 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:

5/2/2011 Set sand plug over J Sand from 8200-8454' to remediate casing and also to complete the NB/CD formation.Date formation Abandoned: 05/02/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 06/06/2011Date of First Production this formation: 06/09/2011Perforations Top: 7716 Bottom: 7968 No. Holes: 80 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB Perf 7716-7810 Holes 40 Size 0.41 CD Perf 7948-7968 Holes 40 Size 0.41

Frac Niobrara B &amp; C down 4-1/2" Csg w/ 250 gal 15% HCl &amp; 169,472 gal pHaser Hybrid w/ 254,240# 20/40, 4,000# SB Excel

Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 130,916 gal pHaser w/ 224,000# 20/40, 4,000# SB Excel

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 06/10/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0 GOR: 2000Test Method: FLOWING Casing PSI: 1600 Tubing PSI: 1855 Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1238 API Gravity Oil: 49Tubing Size: 2 + 3/8 Tubing Setting Depth: 7642 Tbg setting date: 05/24/2011 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: \_\_\_\_\_

Comment:

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

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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**

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Total: 0 comment(s)