

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>05-123-09047-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>UPRR 22 PAN AM Q</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>35</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: J SAND

Status: TEMPORARILY ABANDONED

Treatment Date: 05/16/2011

Date of First Production this formation: 01/26/1977

Perforations Top: 7944 Bottom: 7970 No. Holes: 52 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

SAND PLUG SET @ 7550.

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:

SAND PLUG SET @ 7550.

Date formation Abandoned: 05/16/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7550 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 05/16/2011

Date of First Production this formation: _____

Perforations Top: 7226 Bottom: 7470 No. Holes: 99 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

REPERF NB (5/3/2011) 7226-7322 HOLES 48 SIZE .42 REPERF CD (5/3/2011) 7460-7470 HOLES 40 SIZE .42
Re-Frac Niobrara A & B & C down 2-7/8" Tbg w/ Pkr w/ 250 gal 15% HCl & 168,556 gal Super Z LpH Hybrid w/ 250,240# 20/40,
4,000# SB Excel.
Re-Frac Codell down 2-7/8" Tbg w/ Pkr w/ 123,493 gal Super Z LpH w/ 261,860# 20/40, 4,000# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 06/23/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 59 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 4 Mcf Gas: 59 Bbls H2O: 0 GOR: 14750

Test Method: FLOWING Casing PSI: 573 Tubing PSI: 385 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1243 API Gravity Oil: 54

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: _____

Email

CARA.MAHLER@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)