

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>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>05-123-32634-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DENVER</u>	Well Number: <u>15-18</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: PRODUCINGTreatment Date: 04/13/2011Date of First Production this formation: 07/08/2011Perforations Top: 8136 Bottom: 8156 No. Holes: 40 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐J S PERF 8136-8156 HOLES 40 SIZE 0.42Frac J-Sand down 4-1/2" Csg w/ 149,142 gal Slickwater w/ 115,460# 40/70, 4,000# SB ExcelThis 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: SOLD Gas Type: WET 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: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 06/02/2011Date of First Production this formation: 06/21/2011Perforations Top: 7430 Bottom: 7684 No. Holes: 100 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐NB PERF 7430-7522 HOLES 40 SIZE 0.38 CD PERF 7664-7684 HOLES 60 SIZE 0.38Frac NB down 2 7/8" w/250 gal 15% HCl and 256,158 gal SW containing 208,820# 40/70 sand and 8000# 20/40 SB ExcelFrac CD down 2 7/8" w/200,592 gal SW containing 142,060# 40/70 sandThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 06/22/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 100 Bbls H2O: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 15 Mcf Gas: 100 Bbls H2O: 0 GOR: 6617Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 900 Choke Size: \_\_\_\_\_Gas Disposition: SOLD Gas Type: WET BTU Gas: 1238 API Gravity Oil: 49Tubing Size: 2 + 3/8 Tubing Setting Depth: 8106 Tbg setting date: 07/01/2011 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)