

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:

400185067

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  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-  
4. Contact Name: CARA MAHLER  
Phone: (720) 929-6029  
Fax: (720) 929-7029

5. API Number 05-123-21375-00  
6. County: WELD  
7. Well Name: FRICO Well Number: 8-14  
8. Location: QtrQtr: SENE Section: 14 Township: 3N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 05/27/2011

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

Perforations Top: 7584 Bottom: 7617 No. Holes: 80 Hole size: 0.45

Provide a brief summary of the formation treatment:

Open Hole: ☐SPOT 2600# OF 20/40 SAND TO 7380-7656This 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:

SPOT 2600# OF 20/40 SAND TO 7380-7656Date formation Abandoned: 05/27/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 7656 Sacks cement on top: \_\_\_\_\_FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 06/24/2011Date of First Production this formation: 06/22/2006Perforations Top: 6844 Bottom: 7116 No. Holes: 172 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐Re-Frac Codell down 4-1/2" Csg w/ 267,624 gal Slickwater w/ 207,200#  
30/50, 4,000# SuperLC.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 07/12/2011 Hours: 24 Bbls oil: 11 Mcf Gas: 148 Bbls H2O: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 11 Mcf Gas: 148 Bbls H2O: 0 GOR: 13454Test Method: FLOWING Casing PSI: 2500 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1231 API Gravity Oil: 53

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: 7/14/2011

Email : CARA.MAHLER@ANADARKO.COM

### **Attachment Check List**

Att Doc Num	Name
400185067	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)