

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:

400185601

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: CARA MAHLER

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6029

3. Address: P O BOX 173779

Fax: (720) 929-7029

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-14455-00

6. County: WELD

7. Well Name: UPRR 22 PAN AM

Well Number: UNIT "T" #1

8. Location: QtrQtr: NENE Section: 29

Township: 3N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 06/28/2011Date of First Production this formation: 07/05/2011Perforations Top: 6990 Bottom: 7758 No. Holes: 308 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐JSND COMMINGLEThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 07/12/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 56 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 56 Bbls H2O: 0 GOR: 28000Test Method: FLOWING Casing PSI: 432 Tubing PSI: Choke Size: 18/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1187 API Gravity Oil: 56Tubing 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: J SANDStatus: PRODUCINGTreatment Date: 06/28/2011Date of First Production this formation: 04/20/1990Perforations Top: 7691 Bottom: 7758 No. Holes: 232 Hole size: 0.5

Provide a brief summary of the formation treatment:

Open Hole: ☐REMOVED CIBP SET @ 7382'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:

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 MAHLERTitle: REGULATORY ANALYST 1 Date: 7/15/2011 CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

Att Doc Num	Name
400185601	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)