

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:

400188209

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 05-123-21627-00
6. County: WELD
7. Well Name: MAYER
Well Number: 13-34
8. Location: QtrQtr: SWSW Section: 34 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/28/2011 Date of First Production this formation: 07/12/2011
Perforations Top: 7148 Bottom: 7433 No. Holes: 194 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: ☐

CDL REPERF (6/15/2011) 7418-7433 HOLES 45 SIZE .38
Re-Frac Codell down 4-1/2" Csg w/ 262,836 gal Slickwater w/ 209,720# 30/50, 4,000# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 07/17/2011 Hours: 24 Bbls oil: 14 Mcf Gas: 71 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 14 Mcf Gas: 71 Bbls H2O: 0 GOR: 5071
Test Method: FLOWING Casing PSI: 1320 Tubing PSI: 978 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1192 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7383 Tbg setting date: 07/06/2011 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: CARA MAHLER
Title: REGULATORY ANALYST 1 Date: 7/21/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400188209	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)