

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:

400178430

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 05-123-16621-00 6. County: WELD  
7. Well Name: SCHNEIDER FARMS Well Number: 33-33  
8. Location: QtrQtr: NWSE Section: 33 Township: 1N Range: 67W Meridian: 6  
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/07/2011 Date of First Production this formation: 07/27/1994

Perforations Top: 7853 Bottom: 7862 No. Holes: 9 Hole size: 0.32

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

REMOVED CIBP SET @ 7800'

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: \_\_\_\_\_

FORMATION: J-NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: 06/07/2011

Date of First Production this formation: 08/26/1994

Perforations Top: 7420 Bottom: 8320 No. Holes: 123 Hole size: 0.32

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVED CIBP SET @ 7800' TO CM J/CDL WITH NB

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

Date: 06/20/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 10 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 10 Bbls H2O: 0 GOR: 5000

Test Method: FLOWING Casing PSI: 556 Tubing PSI: 446 Choke Size:

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1221 API Gravity Oil: 45

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: J SAND

Status: PRODUCING

Treatment Date: 06/07/2011

Date of First Production this formation: 02/26/1993

Perforations Top: 8292 Bottom: 8320 No. Holes: 45 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVED CIBP SET @ 7800'

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:

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 06/07/2011 Date of First Production this formation: 06/08/2010

Perforations Top: 7420 Bottom: 7708 No. Holes: 69 Hole size: 0.42

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

FIXING STATUS.

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:

THIS WELL IS ON THE KERR MCGEE O&G #47120 DELINQUENCY LIST. THIS IS THE MOST CURRENT STATUS. FROM 08/2001- 05/2010 CDL COMMINGLED. 05/2010- 09/2010 CDL TEMP ABND. ALL FORMATIONS PRODUCING NOW.

NO CHOKE.

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: 6/23/2011 Email CARA.MAHLER@ANADARKO.COM

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**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)