

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:

400201608

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 05-123-22922-00

6. County: WELD

7. Well Name: VAN PORTFLIET

Well Number: 11-10

8. Location: QtrQtr: NESW Section: 10

Township: 2N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

### Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 07/26/2011Date of First Production this formation: 04/11/2008Perforations Top: 7600 Bottom: 7648 No. Holes: 107 Hole size: 0.45

Provide a brief summary of the formation treatment:

Open Hole: ☐SAND PLUG SET @ 7400-7718This 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:

SAND PLUG SET @ 7400-7718Date formation Abandoned: 07/26/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 7718 Sacks cement on top: \_\_\_\_\_FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 08/01/2011Date of First Production this formation: 11/21/2008Perforations Top: 6918 Bottom: 7162 No. Holes: 116 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐Re-Frac Codell down 4-1/2" Csg w/ 259,484 gal Slickwater w/ 207,520# 40/70, 4,260# SB Excel.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/27/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 26 Bbls H2O: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 1 Mcf Gas: 26 Bbls H2O: 0 GOR: 26000Test Method: FLOWING Casing PSI: 1082 Tubing PSI: 754 Choke Size: 28/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1216 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 7119 Tbg setting date: 08/05/2011 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 MAHLERTitle: REGULATORY ANALYST 1 Date: 8/31/2011 CARA.MAHLER@ANADARKO.COM

Email  
:

### **Attachment Check List**

Att Doc Num	Name
400201608	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)