

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:

400203422

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.

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|---|-------------------------------------|
| 1. OGCC Operator Number: <u>47120</u> | 4. Contact Name: <u>CARA MAHLER</u> |
| 2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u> | Phone: <u>(720) 929-6029</u> |
| 3. Address: <u>P O BOX 173779</u> | Fax: <u>(720) 929-7029</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u> | |

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|--|----------------------------|
| 5. API Number <u>05-123-21428-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>VAN PORTFLIET</u> | Well Number: <u>12-10A</u> |
| 8. Location: QtrQtr: <u>NWSW</u> Section: <u>10</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u> | |
| 9. Field Name: _____ | Field Code: _____ |

Completed Interval

FORMATION: J SAND

Status: TEMPORARILY ABANDONED

Treatment Date: 07/22/2011

Date of First Production this formation: 06/22/2003

Perforations Top: 7614 Bottom: 7656 No. Holes: 90 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

SAND PLUG SET @ 7400-7708

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:

SAND PLUG SET @ 7400-7708

Date formation Abandoned: 07/22/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7708 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 08/04/2011

Date of First Production this formation: 08/05/2008

Perforations Top: 6926 Bottom: 7172 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/ 262,836 gal Slickwater w/ 207,580#
40/70, 4,020# SB Excel.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 09/02/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 68 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 18 Mcf Gas: 68 Bbls H2O: 0 GOR: 3778

Test Method: FLOWING Casing PSI: 1194 Tubing PSI: _____ Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1216 API Gravity Oil: 51

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: _____ Email: CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)