

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:

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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 05-123-22564-00 6. County: WELD  
7. Well Name: SPECTRUM Well Number: 13-19  
8. Location: QtrQtr: SWSW Section: 19 Township: 2N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 08/10/2011 Date of First Production this formation: 08/22/2011  
Perforations Top: 7730 Bottom: 7758 No. Holes: 38 Hole size: 0.38

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

CDL REPERF (8/9/2011) 7740-7758 HOLES 18 SIZE .38  
Re-Frac Codell down 4-1/2" Csg w/ 194,124 gal Slickwater w/ 150,980# 40/70, 4,000# SB Excel, 0# .

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: <u>J SAND</u>				Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>08/05/2011</u>		Date of First Production this formation: <u>01/20/2006</u>			
Perforations	Top: <u>8173</u>	Bottom: <u>8220</u>	No. Holes: <u>18</u>	Hole size: <u>0.32</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>SAND PLUG SET @ 7973-8273</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
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:					
<u>SAND PLUG SET @ 7973-8273</u>					
Date formation Abandoned: <u>08/05/2011</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: <u>8273</u>		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/10/2011</u>		Date of First Production this formation: <u>08/22/2011</u>			
Perforations	Top: <u>7458</u>	Bottom: <u>7740</u>	No. Holes: <u>88</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>CDRF-NBREC</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>09/05/2011</u>	Hours: <u>24</u>	Bbls oil: <u>13</u>	Mcf Gas: <u>134</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>13</u>	Mcf Gas: <u>134</u>	Bbls H2O: <u>0</u>	GOR: <u>10308</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>747</u>	Tubing PSI: <u>608</u>	Choke Size: <u>20/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1165</u>	API Gravity Oil: <u>51</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7724</u>	Tbg setting date: <u>08/17/2011</u>	Packer Depth: _____		
Reason for Non-Production:					
<u></u>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>08/10/2011</u>		Date of First Production this formation: <u>08/22/2011</u>			
Perforations	Top: <u>7458</u>	Bottom: <u>7654</u>	No. Holes: <u>50</u>	Hole size: <u>0.47</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;"> Frac Niobrara A &amp; B &amp; C down 4-1/2" Csg w/ 250 gal 15% HCl &amp; 250,322 gal Slickwater w/ 200,740# 40/70, 4,000# SB Excel, 0# . </div>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
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: _____					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)