

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:

400205214

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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-32098-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BADDING</u>	Well Number: <u>10-35SX</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>35</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: PIERRE Status: ABANDONED COMPLETION

Treatment Date: 05/10/2011 Date of First Production this formation: _____

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Frac Pierre Shale down 4-1/2" Csg w/ 148,180 gal Slickwater w/ 115,450# 40/70, 4,000# SB Excel.
Open hole frac, shoe drilled out, no preplanned.

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: _____

Pierre Shale not a pre-planned completion interval, therefore abandoned. PSI Wireline set CIBP & 1 sack of cement on top.

Date formation Abandoned: 07/08/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 5244 Sacks cement on top: 1

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 07/11/2011 Date of First Production this formation: 08/26/2011

Perforations Top: 4978 Bottom: 5094 No. Holes: 52 Hole size: 0.38

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

Frac Sussex down 4-1/2" Csg w/ 21,056 gal Lightning N2 w/ 181,220# 16/30, 20,100# SB Excel
Producing with rod pump.

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

Test Information:

Date: 08/30/2011 Hours: 24 Bbls oil: 22 Mcf Gas: 98 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 22 Mcf Gas: 98 Bbls H2O: 0 GOR: 4455

Test Method: FLOWING Casing PSI: 0 Tubing PSI: 0 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1126 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5160 Tbg setting date: 07/22/2011 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: Cindy Vue

Title: Regulatory Analyst II Date: _____ Cindy.Vue@anadarko.com

Email
:

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
400205247	WIRELINe JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)