

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:

400208928

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 05-123-21148-00

6. County: WELD

7. Well Name: FT VASQUEZ

Well Number: 8-36A

8. Location: QtrQtr: NENE Section: 36

Township: 3N

Range: 67W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 09/08/2011

Date of First Production this formation: _____

Perforations Top: 7444 Bottom: 8204 No. Holes: 198 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVED SAND PLUG SET @ 7950-8264 TO COMMINGLE JSND WITH NB/CD

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/23/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 142 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 142 Bbls H2O: 0 GOR: 17750Test Method: FLOWING Casing PSI: 385 Tubing PSI: _____ Choke Size: _____Gas Disposition: SOLD Gas Type: WET BTU Gas: 1249 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: _____

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 09/08/2011Date of First Production this formation: 12/03/2002Perforations Top: 8142 Bottom: 8204 No. Holes: 84 Hole size: 0.45

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVED SAND PLUG SET @ 7950-8264 TO COMMINGLE JSND WITH NB/CD

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: SOLD Gas Type: WET 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:

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 MAHLERTitle: REGULATORY ANALYST 1 Date: 9/27/2011 CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

Att Doc Num	Name
400208928	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)