

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



DE ET OE ES

Document Number:

400214899

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

5. API Number 05-123-07862-00
6. County: WELD
7. Well Name: ELTON N MILLER C GAS UNIT
Well Number: #1
8. Location: QtrQtr: SWSW Section: 7 Township: 2N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 09/07/2011	Date of First Production this formation: 10/17/1995
Perforations Top: 7346 Bottom: 7368	No. Holes: 88 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Re-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 196,098 gal Slickwater w/ 150,260# 40/70, 4,000# SB Excel, 0# .	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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>08/29/2011</u>		Date of First Production this formation: <u>03/20/1974</u>			
Perforations	Top: <u>7804</u>	Bottom: <u>7830</u>	No. Holes: <u>27</u>	Hole size: <u>0.33</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
SET CIBP @ 7460-7462					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:					
SET CIBP @ 7460-7462					
Date formation Abandoned: <u>08/29/2011</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: <u>7462</u>		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>09/07/2011</u>		Date of First Production this formation: <u>09/27/2011</u>			
Perforations	Top: <u>7132</u>	Bottom: <u>7368</u>	No. Holes: <u>142</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
CDRF-NBREC					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>10/09/2011</u>	Hours: <u>24</u>	Bbls oil: <u>24</u>	Mcf Gas: <u>146</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>24</u>	Mcf Gas: <u>146</u>	Bbls H2O: <u>0</u>	GOR: <u>6083</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>542</u>	Tubing PSI: <u>480</u>	Choke Size: <u>30/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1195</u>	API Gravity Oil: <u>50</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7307</u>	Tbg setting date: <u>09/20/2011</u>	Packer Depth: _____		
Reason for Non-Production:					
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: NIOBRARA Status: COMMINGLED

Treatment Date: 09/14/2011 Date of First Production this formation: 09/27/2011

Perforations Top: 7132 Bottom: 7204 No. Holes: 54 Hole size: 0.42

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

Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 246,456 gal Slickwater w/ 200,400# 40/70, 4,000# SB Excel.

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: _____

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)