

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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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.

Document Number:

400218803

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 05-123-21672-00  
6. County: WELD  
7. Well Name: FRICO Well Number: 9-15  
8. Location: QtrQtr: NWSW Section: 15 Township: 3N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

### Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 08/08/2011 Date of First Production this formation: 11/06/2003

Perforations Top: 8598 Bottom: 8632 No. Holes: 86 Hole size: 0.38

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

SET SAND PLUG @ 8398-8628

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:

SET SAND PLUG @ 8398-8628

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

Bridge Plug Depth: 8628 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/25/2011 Date of First Production this formation: 10/23/2006

Perforations Top: 7842 Bottom: 8124 No. Holes: 168 Hole size: 0.38

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

Re-Frac Codell down 4-1/2" Csg w/ 264,138 gal Slickwater w/ 207,560# 40/70, 4,000# SB Excel, 0# .

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

#### Test Information:

Date: 10/26/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 87 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 5 Mcf Gas: 87 Bbls H2O: 0 GOR: 17400

Test Method: FLOWING Casing PSI: 1559 Tubing PSI: 1268 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1270 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8085 Tbg setting date: 10/05/2011 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: 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)