

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:

400222135

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 05-123-23245-00 6. County: WELD
7. Well Name: HAMMERBECK Well Number: 20-33
8. Location: QtrQtr: SESE Section: 33 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>10/12/2011</u>		Date of First Production this formation: <u>11/02/2005</u>	
Perforations	Top: <u>6830</u> Bottom: <u>6844</u>	No. Holes: <u>112</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Re-Frac Codell down 4-1/2" Csg w/ 198,870 gal Slickwater w/ 151,340# 40/70, 4,000# SuperLC.</u>			
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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/12/2011 Date of First Production this formation: 10/19/2011

Perforations Top: 6658 Bottom: 6844 No. Holes: 178 Hole size: 0.42

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

CDRF-NBREC

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

Test Information:

Date: 11/08/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 66 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 66 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1900 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1309 API Gravity Oil: 54

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: NIOBRARA Status: COMMINGLED

Treatment Date: 10/12/2011 Date of First Production this formation: 10/19/2011

Perforations Top: 6658 Bottom: 6740 No. Holes: 66 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 & 234,486 gal Slickwater w/ 200,640# 40/70, 4,000# SuperLC.

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: 11/9/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400222135	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)