

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:

400222181

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 05-123-21194-00

6. County: WELD

7. Well Name: NICHOLS

Well Number: 8-8

8. Location: QtrQtr: SENE Section: 8

Township: 2N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 09/13/2011 Date of First Production this formation: 12/17/2002

Perforations Top: 7682 Bottom: 7722 No. Holes: 81 Hole size: 0.38

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

SET SAND PLUG @ 7460-7834

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 @ 7460-7834

Date formation Abandoned: 09/13/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7834 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/05/2011 Date of First Production this formation: 10/20/2011

Perforations Top: 7040 Bottom: 7278 No. Holes: 113 Hole size: 0.38

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

Re-Frac Codell down 4-1/2" Csg w/ 266,364 gal Slickwater w/ 207,700# 40/70, 4,000# SuperLC.

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

Test Information:

Date: 11/06/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 119 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 4 Mcf Gas: 119 Bbls H2O: 0 GOR: 29750

Test Method: FLOWING Casing PSI: 881 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1208 API Gravity Oil: 50

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 CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

Att Doc Num	Name
400222181	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)