

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:

400227168

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 05-123-21083-00

6. County: WELD

7. Well Name: NORDEN

Well Number: 15-14A

8. Location: QtrQtr: SWSE Section: 14

Township: 1N

Range: 67W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

### Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 10/25/2011Date of First Production this formation: 09/29/2002Perforations Top: 7982 Bottom: 8010 No. Holes: 64 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐SET SAND PLUG @ 7770-7993This 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 @ 7770-7993Date formation Abandoned: 10/25/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 7993 Sacks cement on top: \_\_\_\_\_FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 11/01/2011Date of First Production this formation: 11/04/2011Perforations Top: 7325 Bottom: 7578 No. Holes: 105 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐CDL PERF: 7556-7578 HOLES 66 SIZE .38 NB PERF: 7325-7418 HOLES 39 SIZE .42  
Frac Codell down 4-1/2" Csg w/ 202,566 gal Slickwater w/ 150,000# 40/70, 4,000# SuperLC.  
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 239,862 gal Slickwater w/ 201,200# 40/70, 4,000# SuperLC.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/25/2011 Hours: 24 Bbls oil: 54 Mcf Gas: 106 Bbls H2O: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 54 Mcf Gas: 106 Bbls H2O: 0 GOR: 1963Test Method: FLOWING Casing PSI: 1500 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 API Gravity Oil: 48

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: 11/29/2011

Email: CARA.MAHLER@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Name
400227168	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)