

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:

400230291

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 05-123-22221-00 6. County: WELD  
7. Well Name: ANDERSON Well Number: 8-9  
8. Location: QtrQtr: SENE Section: 9 Township: 3N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

|   |   |
|---|---|
| FORMATION: <u>CODELL</u>  | Status: <u>COMMINGLED</u>   |
| Treatment Date: <u>11/08/2011</u>   | Date of First Production this formation: <u>10/23/2008</u>              |
| Perforations Top: <u>7360</u> Bottom: <u>7376</u>   | No. Holes: <u>32</u> Hole size: <u>0.38</u>                             |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>                                     |
| <u>REMOVED CIBP SET @ 7295-7296 TO COMMINGLE CDL AND JSND WITH NB</u>   |   |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            |   |
| <b>Test Information:</b>  |   |
| 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: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 11/08/2011 Date of First Production this formation: 10/14/2005

Perforations Top: 7056 Bottom: 7838 No. Holes: 246 Hole size: 0.38

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

REMOVED CIBP SET @ 7295-7296 TO COMMINGLE CDL AND JSND WITH NB. Went Downline on 11/17/2011.

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

**Test Information:**

Date: 11/01/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 47 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 384 Tubing PSI: \_\_\_\_\_ Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1287 API Gravity Oil: 63

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: J SAND Status: PRODUCING

Treatment Date: 11/08/2011 Date of First Production this formation: 10/31/2005

Perforations Top: 7766 Bottom: 7838 No. Holes: 128 Hole size: \_\_\_\_\_

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

REMOVED CIBP SET @ 7295-7296 TO COMMINGLE CDL AND JSND WITH NB. HOLE SIZE N/A

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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/08/2011 Date of First Production this formation: 11/21/2004

Perforations Top: 7056 Bottom: 7376 No. Holes: 118 Hole size: 0.38

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

REMOVED CIBP SET @ 7295-7296 TO COMMINGLE CDL AND JSND WITH NB

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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 11/08/2011 Date of First Production this formation: 10/23/2008

Perforations Top: 7056 Bottom: 7242 No. Holes: 86 Hole size: 0.38

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

REMOVED CIBP SET @ 7295-7296 TO COMMINGLE CDL AND JSND WITH NB

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**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)