

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:

400230803

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: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-31103-00 6. County: WELD  
7. Well Name: CARMA Well Number: 41-36  
8. Location: QtrQtr: NWNE Section: 36 Township: 3N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/19/2011</u>		Date of First Production this formation: <u>11/09/2011</u>	
Perforations	Top: <u>7230</u> Bottom: <u>7920</u>	No. Holes: <u>186</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>NB PERF 7230-7322 TOTAL 66 SIZE 0.42</u> <u>CD PERF 7445-7463 TOTAL 54 SIZE 0.42</u> <u>J S PERF 7888-7920 TOTAL 66 SIZE 0.42</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>11/11/2011</u>	Hours: <u>24</u>	Bbls oil: <u>50</u>	Mcf Gas: <u>150</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>50</u>	Mcf Gas: <u>150</u> Bbls H2O: <u>0</u> GOR: <u>3000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2200</u>	Tubing PSI: <u></u>	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1233</u>	API Gravity Oil: <u>49</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/19/2011 Date of First Production this formation: 11/09/2011

Perforations Top: 7888 Bottom: 7920 No. Holes: 66 Hole size: 0.42

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

J S PERF 7888-7920 TOTAL 66 SIZE 0.42  
Frac J-Sand down 4-1/2" Csg w/ 148,764 gal Slickwater w/ 115,120# 40/70, 4,000# SB Excel

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: 09/26/2011 Date of First Production this formation: 11/09/2011

Perforations Top: 7230 Bottom: 7463 No. Holes: 120 Hole size: 0.42

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

NB PERF 7230-7322 TOTAL 66 SIZE 0.42 CD PERF 7445-7463 TOTAL 54 SIZE 0.42  
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 242,468 gal Slickwater w/ 202,440# 40/70, 4,000# SB Excel  
Frac Codell down 4-1/2" Csg w/ 205,086 gal Slickwater w/ 150,700# 40/70, 4,000# SB Excel

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: Cindy Vue

Title: Regulatory Analyst II Date: 12/9/2011 Cindy.Vue@anadarko.com

Email  
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### **Attachment Check List**

Att Doc Num	Name
400230803	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)