FORM 5A	State of Colorado	DE	ET	OE	ES

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

COMPLETED INTERVAL REPORT

DE	ET	OE	ES

Document Number:

400237501

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

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

3. Address: P O BOX 173779

City: DENVER   State: CO   Zip: 80217-

4. Contact Name: CARA MAHLER

Phone: (720) 929-6029

Fax: (720) 929-7029

5. API Number 05-123-17843-00

6. County: WELD

7. Well Name: PSC   Well Number: 12-9A

8. Location: QtrQtr: SWNW   Section: 9   Township: 3N   Range: 67W   Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION:　J-NIOBRARA-CODELL　　　　　　　　　　　　　Status:　COMMINGLED

Treatment Date:　12/08/2011　　　　Date of First Production this formation:　12/15/2011

Perforations　　Top:　6860　　Bottom:　7614　　No. Holes:　190　　Hole size:　0.21

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

REMOVED SAND PLUG SET @ 7340 TO COMMINGLE JSND WITH NB/CD

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

Test Information:

Date:　12/26/2011　　Hours:　24　　Bbls oil:　1　　Mcf Gas:　14　　Bbls H2O:　0

Calculated 24 hour rate:　　Bbls oil:　1　　Mcf Gas:　14　　Bbls H2O:　0　　GOR:　14000

Test Method:　FLOWING　　　　Casing PSI:　508　　Tubing PSI:　　　　Choke Size:

Gas Disposition:　SOLD　　　　Gas Type:　WET　　BTU Gas:　1368　　API Gravity Oil:　49

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:　12/08/2011　　　　Date of First Production this formation:　01/19/2004

Perforations　　Top:　7565　　Bottom:　7614　　No. Holes:　98　　Hole size:　0.21

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

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:

NO CHOKE

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

User Group	Comment	Comment Date

Total: 0 comment(s)