

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



DE ET OE ES

Document Number:
400238971

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
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 05-123-23201-00
6. County: WELD
7. Well Name: SCHNEIDER STATE
Well Number: 20-36
8. Location: QtrQtr: SESE Section: 36 Township: 5N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 12/14/2011 Date of First Production this formation: 11/04/2005
Perforations Top: 7316 Bottom: 7336 No. Holes: 94 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
CDL COMMINGLED WITH NB AND NOW JSND
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: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 12/14/2011 Date of First Production this formation: 12/21/2011

Perforations Top: 7000 Bottom: 7826 No. Holes: 254 Hole size: 0.38

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

REMOVED SAND PLUG @ 7570-7572 TO COMMINGLE JSND WITH NB/CD

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/04/2012 Hours: 24 Bbls oil: 6 Mcf Gas: 22 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 6 Mcf Gas: 22 Bbls H2O: 0 GOR: 3666

Test Method: FLOWING Casing PSI: 621 Tubing PSI: _____ Choke Size: 27/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1295 API Gravity Oil: 56

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: 12/14/2011 Date of First Production this formation: 08/13/2007

Perforations Top: 7776 Bottom: 7826 No. Holes: 100 Hole size: 0.42

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

REMOVED SAND PLUG @ 7570-7572 TO COMMINGLE JSND WITH NB/CD

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

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

Total: 0 comment(s)