

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:

400239139

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 05-123-33787-00 6. County: WELD
7. Well Name: STREAR Well Number: 22-10
8. Location: QtrQtr: SENW Section: 10 Township: 2N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>11/15/2011</u>	Date of First Production this formation: <u>12/21/2011</u>
Perforations Top: <u>7410</u> Bottom: <u>8083</u>	No. Holes: <u>184</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NB PERF 7410-7484 HOLES 62 SIZE 0.42</u> <u>CD PERF 7618-7634 HOLES 64 SIZE 0.42</u> <u>J S PERF 8046-8083 HOLES 58 SIZE 0.38</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/23/2011</u> Hours: <u>24</u> Bbls oil: <u>20</u> Mcf Gas: <u>224</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>20</u> Mcf Gas: <u>224</u> Bbls H2O: <u>0</u> GOR: <u>11200</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1425</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1334</u> API Gravity Oil: <u>49</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8022</u> Tbg setting date: <u>01/06/2012</u> 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 SAND Status: PRODUCING

Treatment Date: 11/15/2011 Date of First Production this formation: 12/21/2011

Perforations Top: 8046 Bottom: 8083 No. Holes: 58 Hole size: 0.38

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

J S PERF 8046-8083 HOLES 58 SIZE 0.38
Frac J-Sand down 4-1/2" Csg w/ 135,072 gal Slickwater w/ 115,000# 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: 11/18/2011 Date of First Production this formation: 12/21/2011

Perforations Top: 7410 Bottom: 7634 No. Holes: 126 Hole size: 0.42

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

NB PERF 7410-7484 HOLES 62 SIZE 0.42 CD PERF 7618-7634 HOLES 64 SIZE 0.42
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 232,680 gal Slickwater w/ 201,840# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 203,536 gal Slickwater w/ 149,700# 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: _____ Email Cindy.Vue@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**

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Total: 0 comment(s)