

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:

400232825

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 05-123-33478-00 6. County: WELD  
7. Well Name: THOMASON Well Number: 21-16  
8. Location: QtrQtr: NESW Section: 16 Township: 2N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

**Completed Interval**

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/07/2011 Date of First Production this formation: 11/29/2011

Perforations Top: 7336 Bottom: 7586 No. Holes: 118 Hole size: 0.38

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

NB PERF 7336-7478 HOLES 54 SIZE 0.42 CD PERF 7570-7586 HOLES 64 SIZE 0.38  
Frac Niobrara B & C down 4-1/2" Csg w/ 123 gal 15% HCl & 242,172 gal Slickwater w/ 201,300# 40/70, 4,000# SuperLC  
Frac Codell down 4-1/2" Csg w/ 199,500 gal Slickwater w/ 150,200# 40/70, 4,000# SuperLC

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

**Test Information:**

Date: 11/30/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 100 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 10 Mcf Gas: 100 Bbls H2O: 0 GOR: 10000

Test Method: FLOWING Casing PSI: 1625 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 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: \_\_\_\_\_

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: 12/15/2011 Email Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Name
400232825	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)