

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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COMPLETED INTERVAL REPORT

Document Number:

400233965

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 05-123-32992-00 6. County: WELD
 7. Well Name: PALYO Well Number: 22-11
 8. Location: QtrQtr: NENW Section: 11 Township: 2N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 10/27/2011 Date of First Production this formation: 12/07/2011
 Perforations Top: 7370 Bottom: 7382 No. Holes: 64 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
CD PERF 7370-7382 HOLES 64 SIZE 0.42
 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: 10/27/2011 Date of First Production this formation: 12/07/2011

Perforations Top: 7152 Bottom: 7852 No. Holes: 160 Hole size: 0.42

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

NB PERF 7152-7302 HOLES 40 SIZE 0.42
 CD PERF 7370-7382 HOLES 64 SIZE 0.42
 J S PERF 7838-7852 HOLES 56 SIZE 0.44

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/08/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 150 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 150 Bbls H2O: 0 GOR: 3750

Test Method: FLOWING Casing PSI: 1875 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1322 API Gravity Oil: 51

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: 10/27/2011 Date of First Production this formation: 12/07/2011

Perforations Top: 7838 Bottom: 7852 No. Holes: 56 Hole size: 0.44

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

J S PERF 7838-7852 HOLES 56 SIZE 0.44
 Frac J-Sand down 4-1/2" Csg w/ 146,748 gal Slickwater w/ 115,300# 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: 10/31/2011 Date of First Production this formation: 12/07/2011
Perforations Top: 7152 Bottom: 7382 No. Holes: 104 Hole size: 0.42

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

NB PERF 7152-7302 HOLES 40 SIZE 0.42 CD PERF 7370-7382 HOLES 64 SIZE 0.42
Frac Niobrara A & B & C down 4-1/2" Csg w/ 42 gal 15% HCl & 277,704 gal Slickwater w/ 200,345# 40/70, 4,000# SB Excel
RU HES to frac CD. Opened well @ 8:35 and plugged failed. Ran 375 gauge ring & Set New frac plug @ 7450' Restart rate 14 bpm
@ 5100#. Pumped 1000 gal 15% acid. Pumped 2 well bores of BA-40 buffer. Then pumped 1/4# scour of 2600#. Could only get
rate of 7 bpm & 5100#.

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 Status: COMMINGLED

Treatment Date: 10/27/2011 Date of First Production this formation: 12/07/2011
Perforations Top: 7152 Bottom: 7302 No. Holes: 40 Hole size: 0.42

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

NB PERF 7152-7302 HOLES 40 SIZE 0.42

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

Attachment Check List

Att Doc Num	Name
400233965	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)