

**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:  
400255322

**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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-33004-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>MARKHAM</u>	Well Number: <u>13-8</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>8</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

**Completed Interval**

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 12/30/2011 Date of First Production this formation: 02/06/2012

Perforations Top: 7384 Bottom: 7398 No. Holes: 56 Hole size: 0.38

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

CD PERF 7384-7398 HOLES 56 SIZE 0.38  
Frac Codell down 4-1/2" Csg w/ 197,064 gal Slickwater w/ 152,500# 40/70, 4,000# SuperLC, 0# . Broke @ 3,526 psi @ 5.3 bpm.  
ATP=4,856 psi; MTP=5,068 psi; ATR=63.7 bpm; ISDP=3,500 psi

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: NIORARA-CODELL Status: PRODUCING

Treatment Date: 12/30/2011 Date of First Production this formation: 02/06/2012

Perforations Top: 7154 Bottom: 7398 No. Holes: 120 Hole size: 0.38

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

**NB PERF 7154-7257 HOLES 64 SIZE 0.42 CD PERF 7384-7398 HOLES 56 SIZE 0.38**

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 02/07/2012 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: 1600 Tubing PSI: \_\_\_\_\_ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil: 53

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: NIORARA Status: COMMINGLED

Treatment Date: 12/30/2011 Date of First Production this formation: 02/06/2012

Perforations Top: 7154 Bottom: 7257 No. Holes: 64 Hole size: 0.42

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

**NB PERF 7154-7257 HOLES 64 SIZE 0.42**  
**Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 229,658 gal Slickwater w/ 204,760# 40/70, 4,000# SuperLC, 0# . Broke @ 3,403 psi @ 5.2 bpm. ATP=4,853 psi; MTP=5,066 psi; ATR=66.8 bpm; ISDP=3,255 psi**

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**

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

Total: 0 comment(s)