

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:

400257832

Date Received:

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: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-12178-00 6. County: WELD
7. Well Name: MAPLEWOOD Well Number: 1
8. Location: QtrQtr: NESW Section: 7 Township: 4N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 02/02/2012 Date of First Production this formation: 02/17/2012

Perforations Top: 7026 Bottom: 7044 No. Holes: 66 Hole size: 0.42

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

CDL REPERF (1/19/2012): 7026-7042 HOLES 32 SIZE .42
Trifrac CODL down tbg w/ pkr ^ cd w/ 78,540 gal slickwater w/ 149,420# 40/70, 4,000# 20/40.

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: 02/02/2012 Date of First Production this formation: 02/17/2012

Perforations Top: 6711 Bottom: 7044 No. Holes: 141 Hole size: 0.42

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

CDTF-NBRF

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

Test Information:

Date: 02/28/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 9 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 9 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 856 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1259 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: NIOBRARA Status: COMMINGLED

Treatment Date: 02/02/2012 Date of First Production this formation: 02/17/2012

Perforations Top: 6711 Bottom: 6899 No. Holes: 75 Hole size: 0.42

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

NB REPERF (1/19/2012): 6730-6888 HOLES 66 SIZE .42
Refrac NBRR down tbg w/ pkr ^ cd w/ 252 gal 15% HCl & 251,370 gal slickwater w/ 200,340# 40/70, 4,000# 20/40.

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: _____

CHOKE N/A. NO WBD

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

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)