

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400241869

Date Received:

01/17/2012

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 05-123-24157-00

6. County: WELD

7. Well Name: REYNOLDS

Well Number: 2-24

8. Location: QtrQtr: SWNE Section: 24

Township: 3N

Range: 68W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: <u>J-CODELL</u>	Status: <u>COMMINGLED</u>
----------------------------	---------------------------

Treatment Date: <u>02/02/2009</u>	Date of First Production this formation: <u>03/17/2009</u>
-----------------------------------	--

Perforations	Top: <u>7399</u>	Bottom: <u>7868</u>	No. Holes: <u>114</u>	Hole size: <u>0.38</u>
--------------	------------------	---------------------	-----------------------	------------------------

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

CD PERF 7399-7417 HOLES 54 SIZE 0.45
J S PERF 7848-7868 HOLES 60 SIZE 0.38

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

Test Information:

Date: <u>03/17/2009</u>	Hours: <u>24</u>	Bbls oil: <u>7</u>	Mcf Gas: <u>24</u>	Bbls H2O: <u>0</u>
-------------------------	------------------	--------------------	--------------------	--------------------

Calculated 24 hour rate:	Bbls oil: <u>7</u>	Mcf Gas: <u>24</u>	Bbls H2O: <u>0</u>	GOR: <u>3429</u>
--------------------------	--------------------	--------------------	--------------------	------------------

Test Method: <u>FLOWING</u>	Casing PSI: <u>447</u>	Tubing PSI: <u>359</u>	Choke Size: <u>18/64</u>
-----------------------------	------------------------	------------------------	--------------------------

Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1220</u>	API Gravity Oil: <u>49</u>
------------------------------	----------------------	----------------------	----------------------------

Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7829</u>	Tbg setting date: <u>02/10/2009</u>	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: <u>J SAND</u>	Status: <u>PRODUCING</u>
--------------------------	--------------------------

Treatment Date: <u>02/02/2009</u>	Date of First Production this formation: <u>03/17/2009</u>
-----------------------------------	--

Perforations	Top: <u>7848</u>	Bottom: <u>7868</u>	No. Holes: <u>60</u>	Hole size: <u>0.38</u>
--------------	------------------	---------------------	----------------------	------------------------

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

J S PERF 7848-7868 HOLES 60 SIZE 0.38
Frac J Sand down 4.5" CSG w/162k gal SW containing 115k 40/70 Ottawa & 4000# 20/40 Super LC

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:

THIS WELL IS ON THE KERR-MCGEE DELINQUENCY LIST FOR JSND (N-COM) REPORTS. THIS FORM 5A IS THE MOST UP TO DATE REGARDING THE JSND FORMATION AND IT BEING COMMINGLED WITH THE CODELL PRODUCTION. THANK YOU.

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: 1/17/2012

Email Cindy.Vue@anadarko.com

:

Attachment Check List

Att Doc Num	Name
400241869	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)