

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:

400246417

Date Received:

01/27/2012

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 05-123-33624-00 6. County: WELD  
7. Well Name: WETHINGTON Well Number: 8-7  
8. Location: QtrQtr: SENW Section: 7 Township: 1N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 01/12/2012 Date of First Production this formation: 01/17/2012

Perforations Top: 7616 Bottom: 8338 No. Holes: 198 Hole size: 0.42

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

NB PERF 7616-7708 HOLES 68 SIZE 0.42  
CD PERF 7847-7863 HOLES 64 SIZE 0.42  
J S PERF 8298-8338 HOLES 66 SIZE 0.38

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

**Test Information:**

Date: 01/18/2012 Hours: 24 Bbls oil: 25 Mcf Gas: 50 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 50 Bbls H2O: 0 GOR: 2000

Test Method: FLOWING Casing PSI: 1675 Tubing PSI:          Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 48

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: 01/12/2012 Date of First Production this formation: 01/17/2012

Perforations Top: 8298 Bottom: 8338 No. Holes: 66 Hole size: 0.38

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

J S PERF 8298-8338 HOLES 66 SIZE 0.38  
Frac J-Sand down Casing w/ 148,029 gal Slickwater w/ 118,080# 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: 01/12/2012 Date of First Production this formation: 01/17/2012

Perforations Top: 7616 Bottom: 7863 No. Holes: 132 Hole size: 0.42

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

NB PERF 7616-7708 HOLES 68 SIZE 0.42 CD PERF 7847-7863 HOLES 64 SIZE 0.42  
Frac Niobrara B & C down Casing w/ 250 gal 15% HCl & 243,743 gal Slickwater w/ 200,600# 40/70, 4,000# SB Excel  
Frac Codell down Casing w/ 209,649 gal Slickwater w/ 151,960# 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: \_\_\_\_\_

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: 1/27/2012 Cindy.Vue@anadarko.com

Email  
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### **Attachment Check List**

Att Doc Num	Name
400246417	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)