

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:

400270914

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: 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 05-123-22540-00 6. County: WELD
7. Well Name: SCHMIDT Well Number: 1-26
8. Location: QtrQtr: NENE Section: 26 Township: 4N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/09/2012 Date of First Production this formation: 01/31/2005

Perforations Top: 7230 Bottom: 7244 No. Holes: 56 Hole size: 0.38

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

CD PERF 7230-7244 HOLES 56 SIZE 0.38
1/10/05 -FRAC CODELL
1/31/05 -CODELL'S FIRST DATE OF PRODUCTION
3/9/12 -REMOVED PLUG OVER CODELL TO COMMINGLE PRODUCTION
3/14/12 -COMMINGLE NB/CD PRODUCTION

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: 03/09/2012

Date of First Production this formation: 03/14/2012

Perforations Top: 6920 Bottom: 7244 No. Holes: 166 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 6920-7120 HOLES 110 SIZE 0.38
CD PERF 7230-7244 HOLES 56 SIZE 0.38
3/9/12 -REMOVED PLUG OVER CODELL TO COMMINGLE PRODUCTION
3/14/12 -COMMINGLE NB/CD PRODUCTION

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 03/17/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 29 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 29 Bbls H2O: 0 GOR: 29000

Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 1000 Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1236 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7194 Tbg setting date: 03/09/2012 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: 10/24/2006

Date of First Production this formation: 10/30/2006

Perforations Top: 6920 Bottom: 7120 No. Holes: 110 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 6920-7120 HOLES 110 SIZE 0.38
10/24/06 -FRAC NB
10/30/06 -1ST PRODUCED
3/9/12 -REMOVED PLUG OVER CODELL TO COMMINGLE PRODUCTION
3/14/12 -COMMINGLE NB/CD PRODUCTION

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 _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)