

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:
400240841

Date Received:
01/13/2012

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: 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 05-123-11213-00 6. County: WELD
 7. Well Name: UPRR 50 PAN AM "I" Well Number: TRUE 2
 8. Location: QtrQtr: SWSE Section: 35 Township: 2N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 09/29/2011 Date of First Production this formation: 12/30/1996
 Perforations Top: 7506 Bottom: 7524 No. Holes: 72 Hole size: 0.38
 Provide a brief summary of the formation treatment: Open Hole:
Re-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 200,361 gal Slickwater w/ 150,060# 40/70, 4,100# 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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 09/14/2011 Date of First Production this formation: 12/15/1983

Perforations Top: 7958 Bottom: 7982 No. Holes: 96 Hole size: _____

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

SET CIBP @ 7580-7582

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: _____

SET CIBP @ 7580-7582

Date formation Abandoned: 09/14/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7582 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/29/2011 Date of First Production this formation: 10/24/2011

Perforations Top: 7318 Bottom: 7524 No. Holes: 132 Hole size: 0.42

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

CDRF-NBREC

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/02/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 18 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 18 Bbls H2O: 0 GOR: 9000

Test Method: FLOWING Casing PSI: 910 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1226 API Gravity Oil: 47

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: 09/29/2011 Date of First Production this formation: 10/24/2011

Perforations Top: 7318 Bottom: 7412 No. Holes: 60 Hole size: 0.52

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

Frac Niobrara B & C down 2-7/8" Tbg w/ Pkr ^ Nio w/ 252 gal 15% HCl & 246,641 gal Slickwater w/ 201,540# 40/70, 4,060# 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: SUSSEX Status: ABANDONED

Treatment Date: 09/07/2011 Date of First Production this formation: 09/15/2009

Perforations Top: 4722 Bottom: 4832 No. Holes: 38 Hole size: 0.42

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

Squeeze existing sussex perms

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: _____

Squeeze existing sussex perms

Date formation Abandoned: 09/07/2011 Squeeze: Yes No If yes, number of sacks cmt 100

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

CHOKES N/A

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: 1/13/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400240841	FORM 5A SUBMITTED
400240960	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Requested wellbore diagram and opr responded that they do not have one that is correct.	3/20/2012 3:28:04 PM

Total: 1 comment(s)