

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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02/01/2012

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 05-123-22002-00

6. County: WELD

7. Well Name: WARNER

Well Number: 10-14

8. Location: QtrQtr: NWSE Section: 14

Township: 2N

Range: 66W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: 01/04/2012

Date of First Production this formation: 01/06/2005

Perforations Top: 7338 Bottom: 8052 No. Holes: 213 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVE SAND PLUG @ 7802-8002 TO COMMINGLE JSND WITH NB/CD. RETURNED DOWNLINE ON 1/19/2012.

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

Date: 01/26/2012 Hours: 24 Bbls oil: 4 Mcf Gas: 62 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 62 Bbls H2O: 0 GOR: 15500

Test Method: FLOWING Casing PSI: 450 Tubing PSI: 421 Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1294 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7997 Tbg setting date: 01/05/2012 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: J SAND

Status: PRODUCING

Treatment Date: 01/04/2012

Date of First Production this formation: 01/06/2005

Perforations Top: 8012 Bottom: 8052 No. Holes: 80 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVE SAND PLUG @ 7802-8002 TO COMMINGLE JSND WITH NB/CD

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

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: 2/1/2012

CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

Att Doc Num	Name
400247800	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)