

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:

400252103

Date Received:

02/15/2012

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 05-123-07918-00

6. County: WELD

7. Well Name: ROBERT SAKATA GU

Well Number: 1

8. Location: QtrQtr: NWNE Section: 6 Township: 2N

Range: 66W Meridian: 6

9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 01/24/2012Date of First Production this formation: 01/27/2012Perforations Top: 7074 Bottom: 7825 No. Holes: 125 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐REMOVED CIBP SET @ 7700 TO COMMINGLE JSND WITH NB/CD. HOLE SIZE N/AThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 02/12/2012 Hours: 24 Bbls oil: 2 Mcf Gas: 43 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 43 Bbls H2O: 0 GOR: 21500Test Method: FLOWING Casing PSI: 473 Tubing PSI: _____ Choke Size: _____Gas Disposition: SOLD Gas Type: WET BTU Gas: 1221 API Gravity Oil: 53

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 SANDStatus: PRODUCINGTreatment Date: 01/24/2012Date of First Production this formation: 03/03/1974Perforations Top: 7771 Bottom: 7825 No. Holes: 41 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐REMOVED CIBP SET @ 7700 TO COMMINGLE JSND WITH NB/CD. HOLE SIZE N/AThis 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 MAHLERTitle: REGULATORY ANALYST 1 Date: 2/15/2012 CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

Att Doc Num	Name
400252103	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)