

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:
400274535

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: <u>47120</u>	4. Contact Name: <u>JOEL MALEFYT</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6828</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7828</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-20180-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DODERO</u>	Well Number: <u>3-4A</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>4</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 03/15/2012 Date of First Production this formation: 03/21/2012

Perforations Top: 7150 Bottom: 7868 No. Holes: 184 Hole size: 0.38

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

PERF NBRR 7150-7280 HOLES 66 SIZE .42
PERF CODL 7386-7402 HOLES 64 SIZE .38
PERF JSND 7835-7868 HOLES 54 SIZE .38

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/23/2012 Hours: 24 Bbls oil: 2 Mcf Gas: 23 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 23 Bbls H2O: 0 GOR: 11500

Test Method: FLOWING Casing PSI: 852 Tubing PSI: 812 Choke Size: 0

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7796 Tbg setting date: 03/15/2012 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: 03/15/2012 Date of First Production this formation: 02/07/2001

Perforations Top: 7835 Bottom: 7868 No. Holes: 54 Hole size: 0.38

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

PERF JSND 7835-7868 HOLES 54 SIZE .38
3/15/12 -DRILLED SAND PLUG OUT TO COMMINGLE JSND WITH NB-CD PRODUCTION
3/21/12 -J-NIOBRARA-CODELL COMMINGLED

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: JOEL MALEFYT

Title: REGULATORY ANALYST

Date: _____

Email: JOEL.MALEFYT@ANADARKO.COM

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)