

**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:
400275347

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>05-001-09524-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>CHAVEZ</u>	Well Number: <u>7-17</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>17</u> Township: <u>1S</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: D & J SAND Status: COMMINGLED

Treatment Date: 03/22/2012 Date of First Production this formation: 03/27/2012

Perforations Top: 7968 Bottom: 8066 No. Holes: 86 Hole size: 0.38

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

DSND PERF 7968-7977 HOLES 36 SIZE .42
JSND PERF 8025-8066 HOLES 50 SIZE .38

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/02/2012 Hours: 24 Bbls oil: 8 Mcf Gas: 200 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 8 Mcf Gas: 200 Bbls H2O: 0 GOR: 25000

Test Method: FLOWING Casing PSI: 110 Tubing PSI: 110 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1376 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8079 Tbg setting date: 03/23/2012 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: 03/21/2012 Date of First Production this formation: 01/25/2005

Perforations Top: 8025 Bottom: 8066 No. Holes: 50 Hole size: 0.38

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

JSND PERF 8025-8066 HOLES 50 SIZE .38
3/22/12 DRILLED OUT CIBP TO COMMINGLE JSND WITH DSND
3/27/12 JSND COMMINGLED WITH DSND

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

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

Total: 0 comment(s)