

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:

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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: 47120

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

3. Address: P O BOX 173779

City: DENVER State: CO Zip: 80217-

4. Contact Name: JOEL MALEFYT

Phone: (720) 929-6828

Fax: (720) 929-7828

5. API Number 05-001-09524-00

7. Well Name: CHAVEZ

8. Location: QtrQtr: SWNE Section: 17 Township: 1S Range: 65W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: D & J SANDStatus: COMMINGLEDTreatment Date: 03/22/2012Date of First Production this formation: 03/27/2012Perforations 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 .38This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/02/2012 Hours: 24 Bbls oil: 8 Mcf Gas: 200 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 200 Bbls H2O: 0 GOR: 25000Test Method: FLOWING Casing PSI: 110 Tubing PSI: 110 Choke Size: 64/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1376 API Gravity Oil: 50Tubing 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 SANDStatus: PRODUCINGTreatment Date: 03/21/2012Date of First Production this formation: 01/25/2005Perforations 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 DSNDThis 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)