

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:

400275621

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 4. Contact Name: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-25709-00 6. County: WELD
7. Well Name: LIND Well Number: 16-6
8. Location: QtrQtr: SESE Section: 6 Township: 5N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/30/2012</u>	Date of First Production this formation: <u>04/03/2012</u>
Perforations Top: <u>7269</u> Bottom: <u>7283</u>	No. Holes: <u>56</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CD PERF 7269-7283 HOLES 56 SIZE 0.38 Frac CODL down 4.5" casing w/ 194,922 gal slickwater w/ 151,040# 40/70, 4,000# SB Excel. Broke @ 4,200 psi @ 4.6 bpm. ATP=4,281 psi; MTP=4,880 psi; ATR=61.3 bpm; ISDP=2,927 psi	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 03/19/2012 Date of First Production this formation: 04/14/2009

Perforations Top: 7738 Bottom: 7756 No. Holes: 54 Hole size: 0.38

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

J S PERF 7738-7756 HOLES 54 SIZE 0.38
SET CIBP @ 7333' W/ 2 SX SAND ON TOP FOR NB-CD RECOMPLETE

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:

SET CIBP @ 7333' W/ 2 SX SAND ON TOP FOR NB-CD RECOMPLETE

Date formation Abandoned: 03/19/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/30/2012 Date of First Production this formation: 04/03/2012

Perforations Top: 6956 Bottom: 7154 No. Holes: 122 Hole size: 0.38

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

NB PERF 6956-7154 HOLES 66 SIZE 0.42
CD PERF 7269-7283 HOLES 56 SIZE 0.38

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/04/2012 Hours: 24 Bbls oil: 50 Mcf Gas: 87 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 50 Mcf Gas: 87 Bbls H2O: 0 GOR: 1740

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: _____ Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1313 API Gravity Oil: 48

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: NIOBRARA Status: COMMINGLED

Treatment Date: 03/30/2012 Date of First Production this formation: 04/03/2012

Perforations Top: 6956 Bottom: 7154 No. Holes: 66 Hole size: 0.42

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

NB PERF 6956-7154 HOLES 66 SIZE 0.42

Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 250,572 gal slickwater w/ 201,220# 40/70, 4,000# SB Excel.
Broke @ 3,706 psi @ 2.8 bpm. ATP=4,327 psi; MTP=5,419 psi; ATR=61.0 bpm; ISDP=3,047 psi

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: Cindy Vue

Title: Regulatory Analyst II Date: _____ Email Cindy.Vue@anadarko.com

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)