

**FORM
5A**
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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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: <u>47120</u>	4. Contact Name: <u>Eric Jansen</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6412</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7412</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-20914-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WELLMAN</u>	Well Number: <u>6-14A</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>14</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>04/02/2012</u>	Date of First Production this formation: <u>04/10/2012</u>
Perforations Top: <u>7224</u> Bottom: <u>7990</u>	No. Holes: <u>176</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NB PERF 7224-7366 SHOTS 54 SIZE .42 CD PERF 7504-7522 SHOTS 54 JS PERF 7952-7990 SHOTS 68 SIZE .38 4/2/2012 - Cleared out sand plug over JS to commingle well 4/10/2012 - Commingled J-Niobrara-Codell production	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/11/2012</u> Hours: <u>24</u> Bbls oil: <u>1</u> Mcf Gas: <u>26</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>1</u> Mcf Gas: <u>26</u> Bbls H2O: <u>0</u> GOR: <u>26000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>720</u> Tubing PSI: <u>697</u> Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1246</u> API Gravity Oil: <u>47</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7915</u>	Tbg setting date: <u>04/02/2012</u> 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: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/02/2012</u>	Date of First Production this formation: <u>08/02/2002</u>
Perforations Top: <u>7952</u> Bottom: <u>7990</u>	No. Holes: <u>68</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
JS PERF 7952-7990 SHOTS 68 SIZE .38 4/2/2012 - Cleared out sand plug over JS to commingle well 4/10/2012 - Commingled J-Niobrara-Codell production	
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: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Eric Jansen _____

Title: Regulatory Specialist _____

Date: _____

Email: eric.jansen@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)