

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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Document Number:

400282449

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

5. API Number 05-123-21050-00 6. County: WELD
7. Well Name: RITTENHOUSE Well Number: 11-19A
8. Location: QtrQtr: NESW Section: 19 Township: 1N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>07/07/2010</u>	Date of First Production this formation: <u>08/30/2010</u>
Perforations Top: <u>7549</u> Bottom: <u>7565</u>	No. Holes: <u>64</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>PERF CODL 7549-7565 HOLES 64 SIZE .38</u>	
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-NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: 04/04/2012

Date of First Production this formation: 04/18/2012

Perforations Top: 7158 Bottom: 8045 No. Holes: 190 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF NBRR 7158-7565 HOLES 64 SIZE .42
PERF CODL 7549-7565 HOLES 64 SIZE .38
PERF JSND 8002-8045 HOLES 62 SIZE .38

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 05/01/2012 Hours: 24 Bbls oil: 14 Mcf Gas: 18 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 14 Mcf Gas: 18 Bbls H2O: 0 GOR: 1286

Test Method: FLOWING Casing PSI: 700 Tubing PSI: 686 Choke Size: 0

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1231 API Gravity Oil: 49

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: J SAND

Status: PRODUCING

Treatment Date: 04/04/2012

Date of First Production this formation: 09/05/2002

Perforations Top: 8002 Bottom: 8045 No. Holes: 62 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

4/4/12 Cleared Out sand plug from 7800 to 8143, PBMD circ clean to commingle JSND production with NB/CD production.
4/18/12 production of JSND commingled with NB/CD

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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/07/2010 Date of First Production this formation: 08/30/2010

Perforations Top: 7158 Bottom: 7565 No. Holes: 128 Hole size: 0.42

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

PERF NBRR 7158-7565 HOLES 64 SIZE .42
PERF CODL 7549-7565 HOLES 64 SIZE .38

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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/07/2010 Date of First Production this formation: 08/30/2010

Perforations Top: 7158 Bottom: 7565 No. Holes: 64 Hole size: 0.42

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

PERF NBRR 7158-7565 HOLES 64 SIZE .42

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

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)