

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:

400282878

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>05-123-20855-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>KLITZ</u>	Well Number: <u>9-26A</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>26</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>11/01/2010</u>	Date of First Production this formation: <u>11/05/2010</u>
Perforations Top: <u>7546</u> Bottom: <u>7564</u>	No. Holes: <u>54</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
PERF CODL 7546-7564 HOLES 54 SIZE .38	
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-CODELLStatus: COMMINGLEDTreatment Date: 04/17/2012Date of First Production this formation: 04/25/2012Perforations Top: 7332 Bottom: 7410 No. Holes: 162 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF NBRR 7332-7410 HOLES 38 SIZE .38
PERF CODL 7546-7564 HOLES 54 SIZE .38
PERF JSND 7990-8030 HOLES 70 SIZE .35

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/26/2012 Hours: 24 Bbls oil: 5 Mcf Gas: 150 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 150 Bbls H2O: 0 GOR: 29916Test Method: FLOWING Casing PSI: 730 Tubing PSI: 638 Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1291 API Gravity Oil: 49Tubing Size: 2 + 3/8 Tubing Setting Depth: 7975 Tbg setting date: 04/18/2012 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: 04/17/2012Date of First Production this formation: 05/16/2002Perforations Top: 7990 Bottom: 8030 No. Holes: 70 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF JSND 7990-8030 HOLES 70 SIZE .35
4/17/2012 REMOVED SD PLUG TO COMMINGLE JSND WITH NB/CD
4/25/2012 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: 11/01/2010 Date of First Production this formation: 11/05/2010
Perforations Top: 7332 Bottom: 7410 No. Holes: 92 Hole size: 0.38

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

PERF NBRR 7332-7410 HOLES 38 SIZE .38
PERF CODL 7546-7564 HOLES 54 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: 11/01/2010 Date of First Production this formation: 11/05/2010
Perforations Top: 7332 Bottom: 7410 No. Holes: 38 Hole size: 0.38

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

PERF NBRR 7332-7410 HOLES 38 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: _____

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

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

Total: 0 comment(s)