

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:

400258317

Date Received:

03/06/2012

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: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-24502-00 6. County: WELD
7. Well Name: MAYER Well Number: 21-15
8. Location: QtrQtr: SENW Section: 15 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 02/16/2012 Date of First Production this formation: 04/16/2008

Perforations Top: 7220 Bottom: 7235 No. Holes: 60 Hole size: 0.23

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

Refrac CODL down 4.5" casing w/ 203,448 gal slickwater w/ 150,000# 40/70, 4,000# 20/40.

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: 02/16/2012 Date of First Production this formation: 02/23/2012

Perforations Top: 6954 Bottom: 7235 No. Holes: 126 Hole size: 0.42

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

CDRF-NBREC

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

Test Information:

Date: 03/05/2012 Hours: 24 Bbls oil: 10 Mcf Gas: 326 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 326 Bbls H2O: 0 GOR: 32600

Test Method: FLOWING Casing PSI: 1180 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 54

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: 02/16/2012 Date of First Production this formation: 02/23/2012

Perforations Top: 6954 Bottom: 7108 No. Holes: 66 Hole size: 0.42

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

Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 245,532 gal slickwater w/ 200,300# 40/70, 4,000# 20/40. Broke @ 3,903 psi @ 5.3 bpm.

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 3/6/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400258317	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)