

FORM
5A

Rev
06/12

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:

400287719

Date Received:

05/30/2012

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: Eric Jansen

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6412

3. Address: P O BOX 173779

Fax: (720) 929-7412

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-20915-00

6. County: WELD

7. Well Name: STREAR

Well Number: 1-15A

8. Location: QtrQtr: NENE Section: 15 Township: 2N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: _____	
Treatment Date: <u>05/07/2012</u>		End Date: _____		Date of First Production this formation: <u>05/11/2012</u>	
Perforations	Top: <u>7342</u>	Bottom: <u>8045</u>	No. Holes: <u>232</u>	Hole size: <u>0.38</u>	

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

NB PERF 7342-7433 SHOTS 64 SIZE .38
 CD PERF 7553-7569 SHOTS 64 SIZE .38
 JS PERF 7987-8045 SHOTS 104 SIZE .35
 5/7/2012 - Cleared out sand plug over JS to commingle well
 5/11/2012- Commingled J-Niobrara-Codell production

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

Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>05/13/2012</u>	Hours: <u>24</u>	Bbl oil: <u>3</u>	Mcf Gas: <u>46</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>3</u>	Mcf Gas: <u>46</u>	Bbl H2O: <u>0</u>	GOR: <u>15333</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>692</u>	Tubing PSI: <u>490</u>	Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1319</u>	API Gravity Oil: <u>50</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7523</u>	Tbg setting date: <u>08/06/2010</u>	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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: _____
Treatment Date: 05/07/2012 End Date: _____ Date of First Production this formation: 08/04/2002
Perforations Top: 7987 Bottom: 8045 No. Holes: 104 Hole size: 0.35
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

JS PERF 7987-8045 SHOTS 104 SIZE .35
5/7/2012 - Cleared out sand plug over JS to commingle well
5/11/2012- Commingled J-Niobrara-Codell production

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

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: 5/30/2012 Email: eric.jansen@anadarko.com
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Attachment Check List

Att Doc Num	Name
400287719	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)