

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:

400622433

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  
2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-  
4. Contact Name: REBECCA HEIM  
Phone: (720) 929-6361  
Fax: (720) 929-7361  
Email: REBECCA.HEIM@ANADARKO.COM

5. API Number 05-123-15248-00  
6. County: WELD  
7. Well Name: TUTTLE  
Well Number: L17-4  
8. Location: QtrQtr: NWNW Section: 17 Township: 3N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: ABANDONED WELLBORE/COMPLETION Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 11/23/1991

Perforations Top: 7386 Bottom: 7396 No. Holes: 41 Hole size: 0.32

Provide a brief summary of the formation treatment:

Open Hole: ☐

Pumped 25-sack cement plug from 7282 to 6600

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:

Min 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: PREP TO P&A

Date formation Abandoned: 12/17/2013 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:

CBL and GYRO ATTACHED AS 'OTHER'

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

Signed: \_\_\_\_\_

Print Name: REBECCA HEIM

Title: SR. REGULATORY ANALYST

Date: \_\_\_\_\_

Email RSCDJPOSTDRILL@ANADARKO.COM  
:

### Attachment Check List

**Att Doc Num**

**Name**

400622445	OTHER
400622481	OTHER
400622482	CEMENT JOB SUMMARY

Total Attach: 3 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)