

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



DE	ET	OE	ES
----	----	----	----

Document Number:

401013551

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: ILA BEALE
Phone: (720) 929-6408
Fax:
Email: ila.beale@anadarko.com

5. API Number 05-123-29385-00
6. County: WELD
7. Well Name: NELSON
Well Number: 14-35
8. Location: QtrQtr: NESW Section: 35 Township: 2N Range: 68W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 7460 Bottom: 8228 No. Holes: 177 Hole size: 0.38

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

No Treatment. See comments under Submit Tab.

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: 02/25/2012 Hours: 24 Bbl oil: 2 Mcf Gas: 16 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 16 Bbl H2O: 0 GOR: 8000

Test Method: FLOWING Casing PSI: 1509 Tubing PSI: 1503 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1314 API Gravity Oil: 50

Tubing Size: 2.375 Tubing Setting Depth: 8169 Tbg setting date: 02/02/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/26/2012 End Date: 01/26/2012 Date of First Production this formation: 02/22/2012
Perforations Top: 8208 Bottom: 8228 No. Holes: 60 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: ☐

"PERF AND FRAC FROM 8208-8228.
4061 BBL SLICKWATER, - 4061 BBL TOTAL FLUID
4,000# 20/40 SUPER LC, - 115,600# 40/70 OTTAWA-LG EVEREST-HENDERSON, - 115,600# TOTAL SAND."

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

Total fluid used in treatment (bbl): 4061

Max pressure during treatment (psi): 2746

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 4061

Disposition method for flowback: _____

Total proppant used (lbs): 115600

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:

This well was originally drilled and completed as a Niobrara/Codell producer in 2009. In 2012 the J Sand was perf'd and frac'd and commingled with the Nio/Codell. No 5A was filed at that time for this recompletion. Test information is production from J Sand/Nio/Codell.

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

Signed: _____ Print Name: ILA BEALE

Title: STAFF REG. SPECIALIST Date: _____ Email: ila.beale@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)