

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:

401131819

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: DOREEN GREEN
Phone: (970) 336-3517
Fax: _____
Email: DOREEN.GREEN@ANADARKO.COM

5. API Number 05-123-19912-00
6. County: WELD
7. Well Name: HSR-CANNON
Well Number: 11-3A
8. Location: QtrQtr: NESW Section: 3 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DAKOTA Status: ABANDONED Treatment Type: _____
WELLBORE/COMPLETION

Treatment Date: 03/16/2000 End Date: 03/16/2000 Date of First Production this formation: _____

Perforations Top: 8082 Bottom: 8087 No. Holes: 20 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Rig up BJ, circulate tubing volume 32 bbl. 4% KCL with biocide. Set packer @ 8022' KB with 257 jts. Rig up BJ, pressure casing to 500#. Break down Dakota Perfs 8082-87 as follows: Pump 2 BPM, well broke @ 3280#, increase rate to 4 BPM @ 3500#. Pump 30 bbl. total, max. rate 4.25 BPM @ 3400#. ISDP 3404#, 5 min. 1285#, 10 min. 1120#, 15 min. 985#. Monitor pressure 60 min., 60 min. SIP 288#.

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: ABANDONED FORMATION.

Date formation Abandoned: 03/21/2000 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8020 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

THIS WELL WAS ORIGINALLY COMPLETED IN THE DAKOTA 03/16/2000. THE DAKOTA WAS PERFORATED 03/14/2000, STIMULATED 03/16/2000, AND ABANDONED WITH A CIBP 03/21/2016. NO 5A WAS SUBMITTED FOR THE DAKOTA COMPLETION. SEE THE ATTACHED DAILY OPERATONS SUMMARY. WIRELINE TICKET IS NOT AVAILABLE FOR SETTING THE CIBP.

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

Signed: _____

Print Name: DOREEN GREEN

Title: REGULATORY ANALYST

Date: _____

Email: DOREEN.GREEN@ANADARKO.COM

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Attachment Check List

Att Doc Num **Name**

401131893 OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)