

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-23025-00 6. County: WELD
7. Well Name: SPARBOE Well Number: 8-35
8. Location: QtrQtr: SENE Section: 35 Township: 2N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 10/14/2010 Date of First Production this formation: 11/04/2010
Perforations Top: 7192 Bottom: 7206 No. Holes: 84 Hole size: 0.4
Provide a brief summary of the formation treatment: Open Hole: ☐
Reperf CODL 7192-7206 Holes 28 Size 0.40.
Refrac CODL w/ 203,322 gal SW & 150,900# 40/70 sand & 4,000# SuperLC.

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: <u>J SAND</u>				Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>09/14/2010</u>		Date of First Production this formation: <u>07/19/2005</u>			
Perforations	Top: <u>7650</u>	Bottom: <u>7697</u>	No. Holes: <u>114</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Set sand plug @ 7448'. </div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:					
<div style="border: 1px solid black; padding: 2px;">JSND temporarily abandoned for CODL refrac/NBRR recomple. </div>					
Date formation Abandoned: <u>09/14/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: <u>7448</u>		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>10/14/2010</u>		Date of First Production this formation: <u>11/04/2010</u>			
Perforations	Top: <u>6964</u>	Bottom: <u>7206</u>	No. Holes: <u>138</u>	Hole size: <u>0.4</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">NBRR Perf 6964-7058 Holes 54 Size 0.42 CODL Perf 7192-7206 Holes 84 Size 0.40 Frac NBRR w/ 250 gal 15% HCl & 245,072 gal SW & 200,940# 40/70 sand & 4,000# SuperLC. </div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>11/06/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>52</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>52</u>	Bbls H2O: <u>0</u>	GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>1592</u>	Tubing PSI: <u>549</u>	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1176</u>	API Gravity Oil: <u>51</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7182</u>	Tbg setting date: <u>10/27/2010</u>	Packer Depth: _____		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email Cindy.Vue@anadarko.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____