

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:

2555614

**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 05-123-23201-00 6. County: WELD  
7. Well Name: SCHNEIDER STATE Well Number: 20-36  
8. Location: QtrQtr: SESE Section: 36 Township: 5N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>05/03/2010</u>	Date of First Production this formation: <u>08/13/2007</u>
Perforations Top: <u>7776</u> Bottom: <u>7826</u>	No. Holes: <u>100</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
SET SAND PLUG @ 7480'. OUR INTENT IS TO REMOVE SAND PLUG TO COMMINGLE WELL WITHIN THE NEXT SIX MONTHS.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production:	
JSND TEMPORARILY ABANDONED FOR CODL REFRAC & NBRR RECOMPLETE.	
Date formation Abandoned: <u>05/03/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7480</u>	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/14/2010 Date of First Production this formation: 05/18/2010

Perforations Top: 7000 Bottom: 7336 No. Holes: 154 Hole size: 38/100

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

NBRR PERF 7000-7213 HOLES 60 SIZE 0.47. CODL PERF 7316-7336 HOLES 94 SIZE 0.38.

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

**Test Information:**

Date: 05/28/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 3 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 3 Bbls H2O: 0 GOR: 200

Test Method: FLOWING Casing PSI: 1500 Tubing PSI:          Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1265 API Gravity Oil: 54

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:         

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 Date: 6/10/2010 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: *David S. Neslin* Director of COGCC Date: 11/23/2010

**Attachment Check List**

Att Doc Num	Name
2555614	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group** **Comment** **Comment Date**

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Total: 0 comment(s)