

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



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

Document Number:

2556290

**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) 9296836  
3. Address: P O BOX 173779 Fax: (720) 9297832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-16621-00 6. County: WELD  
7. Well Name: SCHNEIDER FARMS Well Number: 33-33  
8. Location: QtrQtr: NWSE Section: 33 Township: 1N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 05/04/2010 Date of First Production this formation: 07/27/1994

Perforations Top: 7853 Bottom: 7862 No. Holes: 9 Hole size: 31/100

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

SET CIBP @ 7800 W/ 2 SACKS OF CEMENT FOR MECHANICAL INTEGRITY.

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:

CODL TEMPORARILY ABANDONED FOR NBRR REFRAC.

Date formation Abandoned: 05/04/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7800 Sacks cement on top: \_\_\_\_\_

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 05/04/2010 Date of First Production this formation: 02/26/1993

Perforations Top: 8292 Bottom: 8320 No. Holes: 45 Hole size: 38/100

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

SET CIBP @ 7800 W/ 2 SACKS OF SAND FOR MECHANICAL INTEGRITY.

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:

JSND TEMPORARILY ABANDONED FOR NBRR REFRAC.

Date formation Abandoned: 05/04/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7800 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 05/12/2010 Date of First Production this formation: 06/08/2010

Perforations Top: 7420 Bottom: 7708 No. Holes: 69 Hole size: 41/100

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

REPERF NBRR 7420-7708 HOLES 64 SIZE 0.41. REFRAC NBRR W/ 500 GAL 15% HCL AND 168042 GAL VISTAR HYBRID AND 250760# 20/40 SAND AND 4000# SB EXCEL.

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

**Test Information:**

Date: 06/24/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 10 Mcf Gas: 60 Bbls H2O: 0 GOR: 6000

Test Method: FLOWING Casing PSI: 735 Tubing PSI: 565 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1214 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7376 Tbg setting date: 05/18/2010 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 ANALYST II Date: 6/25/2010 Email: CINDY.VUE@ANADARKO.COM

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: 11/24/2010

**Attachment Check List**

Att Doc Num	Name
2556290	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

--	--	--

Total: 0 comment(s)