

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:

2071125

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: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>08/06/2007</u>		Date of First Production this formation: <u>11/04/2005</u>		
Perforations	Top: <u>7318</u>	Bottom: <u>7336</u>	No. Holes: <u>54</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>no additional treatment</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>10/01/2007</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: <u>2</u>	Mcf Gas: <u>67</u>	Bbls H2O: <u>0</u> GOR: <u>33500</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>700</u>	Tubing PSI: <u>450</u>	Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1188</u>	API Gravity Oil: <u>54</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7743</u>	Tbg setting date: <u>08/27/2007</u>	Packer Depth: _____	
Reason for Non-Production: <div></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: _____		

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/06/2007 Date of First Production this formation: 08/13/2007

Perforations Top: 7776 Bottom: 7826 No. Holes: 100 Hole size: 42/100

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

frac jsnd w/145,985 gal sw & 119,032# 30/50 sand & 4,000# 20/40 rc sand.

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

Test Information:

Date: 10/01/2007 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 66 Bbls H2O: 0 GOR: 33000

Test Method: FLOWING Casing PSI: 700 Tubing PSI: 450 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1188 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7743 Tbg setting date: 08/27/2007 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: 6/9/2010 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: 12/17/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)