

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:

400094295

**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 05-123-21039-00 6. County: WELD  
7. Well Name: STREAR STATE Well Number: 8-36A  
8. Location: QtrQtr: SENE Section: 36 Township: 2N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

|   |   |
|---|---|
| FORMATION: <u>CODELL</u>  | Status: <u>COMMINGLED</u>   |
| Treatment Date: <u>08/30/2010</u>   | Date of First Production this formation: <u>09/10/2010</u>              |
| Perforations Top: <u>7644</u> Bottom: <u>7660</u>   | No. Holes: <u>80</u> Hole size: <u>38/100</u>                           |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>                                     |
| Reperf CODL 7644-7660 Holes 32 Size 0.38.<br>Refrac CODL w/ 204,792 gal SW & 150,840# 40/70 sand & 4,000# SB Excel.                 |   |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: _____  | 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: <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: TEMPORARILY ABANDONED

Treatment Date: 08/19/2010 Date of First Production this formation: 10/09/2002

Perforations Top: 8084 Bottom: 8108 No. Holes: 96 Hole size: 3/10

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

Set sand plug @ 7860'.

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 CODL refrac/NBRR recomplete.

Date formation Abandoned: 08/19/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7860 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/30/2010 Date of First Production this formation: 09/10/2010

Perforations Top: 7424 Bottom: 7660 No. Holes: 146 Hole size: 38/100

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

NBRR Perf 7424-7550 Holes 66 Size 0.42 CODL Perf 7644-7660 Holes 80 Size 0.38  
Frac NBRR w/ 252 gal 15% HCl & 243,054 gal SW & 201,060# 40/70 sand & 4,000# SB Excel.

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

**Test Information:**

Date: 09/19/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 65 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 5 Mcf Gas: 65 Bbls H2O: 0 GOR: 13000

Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 750 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1316 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7620 Tbg setting date: 09/02/2010 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: 9/21/2010 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: 12/23/2010

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400094295   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)