

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:

400135754

**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: CARA MAHLER  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029  
3. Address: P O BOX 173779 Fax: (720) 929-7029  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-21501-00 6. County: WELD  
7. Well Name: GRANER Well Number: 1-23A  
8. Location: QtrQtr: NENE Section: 23 Township: 2N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>01/15/2011</u>	Date of First Production this formation: <u>01/20/2011</u>
Perforations Top: <u>7456</u> Bottom: <u>7472</u>	No. Holes: <u>64</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac Niobrara B &amp; C down 4-1/2" Csg w/ 250 gal 15% HCl &amp; 243,434 gal Slickwater w/ 201,140# 40/70, 4,000# SB Excel, 0# .</u>	
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: <u>J SAND</u>			Status: <u>TEMPORARILY ABANDONED</u>		
Treatment Date: <u>12/28/2011</u>		Date of First Production this formation: <u>08/04/2003</u>			
Perforations	Top: <u>7899</u>	Bottom: <u>7919</u>	No. Holes: <u>80</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>SAND PLUG OVER J SAND , TAG SAND TOP @ 7635'</u>					
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: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production:					
<u>SAND PLUG OVER J SAND , TAG SAND TOP @ 7635'</u>					
Date formation Abandoned: <u>12/28/2011</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>01/15/2011</u>		Date of First Production this formation: <u>01/20/2011</u>			
Perforations	Top: <u>7250</u>	Bottom: <u>7472</u>	No. Holes: <u>124</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>NB PERF 7250-7332 HOLES 60 SIZE .42      CD PERF 7456-7472 HOLES 64 SIZE .40</u>					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>02/18/2011</u>	Hours: <u>24</u>	Bbls oil: <u>66</u>	Mcf Gas: <u>308</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>66</u>	Mcf Gas: <u>308</u>	Bbls H2O: <u>0</u>	GOR: <u>4667</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1100</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1162</u>	API Gravity Oil: <u>48</u>		
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: NIOBRARA Status: COMMINGLED

Treatment Date: 01/15/2011 Date of First Production this formation: 01/20/2011

Perforations Top: 7250 Bottom: 7332 No. Holes: 60 Hole size: 0.42

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

Frac Codell down 4-1/2" Csg w/ 191,226 gal Slickwater w/ 150,300# 40/70, 4,000# SB Excel, 0# .

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: \_\_\_\_\_

Comment:

\_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: \_\_\_\_\_ Email CARA.MAHLER@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: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)