

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:

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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 05-123-16687-00 6. County: WELD
7. Well Name: PALOMBO Well Number: 23-5L
8. Location: QtrQtr: SWNW Section: 23 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>12/21/2010</u>		Date of First Production this formation: <u>10/19/2000</u>	
Perforations	Top: <u>7760</u>	Bottom: <u>7786</u>	No. Holes: <u>104</u> Hole size: <u>0.22</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>PUMP SAND PLUG OVER J-SAND TOP OF PLUG AT 7400'</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			
<u>PUMP SAND PLUG OVER J-SAND TOP OF PLUG AT 7400</u>			
Date formation Abandoned: <u>12/21/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7400</u>		Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 01/06/2011

Date of First Production this formation: 02/12/1993

Perforations Top: 7028 Bottom: 7312 No. Holes: 50 Hole size: 0.36

Provide a brief summary of the formation treatment:

Open Hole: ☐

Re-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 119,116 gal Dynaflo 2 w/ 261,840# 20/40, 4,000# SB Excel.
AFTER CODELL REFRAC WENT BACK DOWNLINE ON 1/29/2011.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 02/27/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 83 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 83 Bbls H2O: 0 GOR: 10375

Test Method: FLOWING Casing PSI: 483 Tubing PSI: 434 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1263 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7273 Tbg setting date: 01/18/2011 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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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)