

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:

400168220

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-

5. API Number 05-123-31754-00 6. County: WELD
7. Well Name: SATER Well Number: 7-8
8. Location: QtrQtr: SWNE Section: 8 Township: 2N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/31/2011</u>		Date of First Production this formation: <u>04/27/2011</u>	
Perforations	Top: <u>7231</u> Bottom: <u>7936</u>	No. Holes: <u>170</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>NB Perf 7231-7370 Holes 72 Size 0.47 CD Perf 7492-7510 Holes 54 Size 0.42 J S Perf 7900-7936 Holes 44 Size 0.42</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>04/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>38</u>	Mcf Gas: <u>100</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>38</u>	Mcf Gas: <u>100</u> Bbls H2O: <u>0</u> GOR: <u>2632</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1525</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1249</u>	API Gravity Oil: <u>49</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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: 03/31/2011 Date of First Production this formation: 04/27/2011

Perforations Top: 7900 Bottom: 7936 No. Holes: 44 Hole size: 0.42

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

J S Perf 7900-7936 Holes 44 Size 0.42
Frac J-Sand down 4-1/2" Csg w/ 148,596 gal Slickwater w/ 115,820# 40/70, 4,000# SB Excel

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/11/2011 Date of First Production this formation: 04/27/2011

Perforations Top: 7231 Bottom: 7510 No. Holes: 126 Hole size: 0.42

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

NB Perf 7231-7370 Holes 72 Size 0.47 CD Perf 7492-7510 Holes 54 Size 0.42
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 244,610 gal Slickwater w/ 201,760# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 196,602 gal Slickwater w/ 150,929# 40/70, 4,000# SB Excel

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: Cindy Vue

Title: Regulatory Analyst II Date: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400168220	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

--	--	--

Total: 0 comment(s)