


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">400161772</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
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: <u>47120</u>		4. Contact Name: <u>CARA MAHLER</u>					
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>		Phone: <u>(720) 929-6029</u>					
3. Address: <u>P O BOX 173779</u>		Fax: <u>(720) 929-7029</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-37</u>					
5. API Number <u>05-123-20917-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>PARKER</u>		Well Number: <u>14-15A</u>					
8. Location: QtrQtr: <u>SESW</u>	Section: <u>15</u>	Township: <u>2N</u>	Range: <u>67W</u> Meridian: <u>6</u>				
9. Field Name: <u>SPINDLE</u>		Field Code: <u>77900</u>					
<u>Completed Interval</u>							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>04/07/2011</u>		Date of First Production this formation: <u>04/14/2011</u>					
Perforations Top: <u>7202</u>	Bottom: <u>8096</u>	No. Holes: <u>194</u>	Hole size: <u>0.38</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
REMOVED SAND PLUG SET @ 7867							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>05/01/2011</u>	Hours: <u>24</u>	Bbls oil: <u>13</u>	Mcf Gas: <u>60</u> Bbls H2O: <u>0</u>				
Calculated 24 hour rate:		Bbls oil: <u>13</u>	Mcf Gas: <u>60</u> Bbls H2O: <u>0</u> GOR: <u>4615</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>548</u>	Tubing PSI: _____	Choke Size: <u>36/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1284</u>	API Gravity Oil: <u>50</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: _____					

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: J SAND Status: PRODUCING

Treatment Date: 04/07/2011 Date of First Production this formation: 08/20/2002

Perforations Top: 8064 Bottom: 8096 No. Holes: 64 Hole size: 0.38

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

REMOVED SAND PLUG SET @ 7867 TO COMMINGLE WITH NB/CD

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: 5/4/2011 Email CARA.MAHLER@ANADARKO.COM

:

**Attachment Check List**

Att Doc Num	Name
400161772	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
_____	_____	_____

Total: 0 comment(s)