

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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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.

Document Number:

400180834

1. OGCC Operator Number: 47120
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-21446-00
6. County: WELD
7. Well Name: OCKER Well Number: 3-19a
8. Location: QtrQtr: NENW Section: 19 Township: 1N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 05/23/2011 Date of First Production this formation: 10/23/2003
Perforations Top: 7933 Bottom: 7966 No. Holes: 92 Hole size: 0.38

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

SAND PLUG SET @ 7712'

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:

SAND PLUG SET @ 7712'

Date formation Abandoned: 05/23/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7712 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/13/2011 Date of First Production this formation: 06/22/2011
Perforations Top: 7258 Bottom: 7502 No. Holes: 150 Hole size: 0.38

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

NB PERF: 7258-7346 HOLES 96 SIZE .38 CD PERF: 7484-7502 HOLES 54 SIZE .38
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 246,668 gal Slickwater w/ 200,260# 40/70, 4,000# SB Excel, 0# .
Frac Codell down 4-1/2" Csg w/ 192,192 gal Slickwater w/ 150,220# 40/70, 4,000# SB Excel, 0# .

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

Test Information:

Date: 06/28/2011 Hours: 24 Bbls oil: 24 Mcf Gas: 15 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 24 Mcf Gas: 15 Bbls H2O: 0 GOR: 1600
Test Method: FLOWING Casing PSI: 1470 Tubing PSI: _____ Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1207 API Gravity Oil: 60
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: _____ CARA.MAHLER@ANADARKO.COM

Email
:

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

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

Total: 0 comment(s)