

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:

400185181

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-

5. API Number 05-123-22884-00 6. County: WELD
7. Well Name: DOLPH Well Number: 5-1
8. Location: QtrQtr: SWNW Section: 1 Township: 2N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/23/2011 Date of First Production this formation: 07/07/2011
Perforations Top: 7474 Bottom: 7490 No. Holes: 62 Hole size: 0.38

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

CDL REPERF (6/8/2011) 7476-7490 HOLES 14 SIZE .38
Frac Codell down 4-1/2" Csg w/ 204,498 gal Slickwater w/ 150,280# 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: _____

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 06/06/2011 Date of First Production this formation: 03/05/2007

Perforations Top: 7930 Bottom: 7990 No. Holes: 82 Hole size: 0.38

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

SAND PLUG SET @ 8001

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 @ 8001

Date formation Abandoned: 06/06/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8001 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/23/2011 Date of First Production this formation: 07/07/2011

Perforations Top: 7930 Bottom: 7490 No. Holes: 144 Hole size: 0.38

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

CDRF-NBREC

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

Test Information:

Date: 07/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 513 Tubing PSI: 141 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1257 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7466 Tbg setting date: 07/05/2011 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 06/23/2011 Date of First Production this formation: 07/07/2011

Perforations Top: 7930 Bottom: 7990 No. Holes: 82 Hole size: 0.38

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

Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 239,190 gal Slickwater w/ 200,440# 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

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)