

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: 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 05-123-32399-00 6. County: WELD  
7. Well Name: PIERSON Well Number: 21-34  
8. Location: QtrQtr: NWNE Section: 34 Township: 4N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: J SAND Status: PRODUCING  
Treatment Date: 06/06/2011 Date of First Production this formation: 06/16/2011  
Perforations Top: 7742 Bottom: 7794 No. Holes: 56 Hole size: 0.42  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
Frac J-Sand down 4-1/2" Csg w/ 148,693 gal Slickwater w/ 115,940# 40/70, 4,000# SuperLC  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 06/18/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 17 Bbls H2O: 0  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 1 Mcf Gas: 17 Bbls H2O: 0 GOR: 17000  
Test Method: FLOWING Casing PSI: 1000 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1231 API Gravity Oil: 66  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7732 Tbg setting date: 06/21/2011 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: 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 |
|-------------|------|
|             |      |

Total Attach: 0 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
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Total: 0 comment(s)