

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:

400188062

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 05-123-23000-00 6. County: WELD
7. Well Name: WESTERN Well Number: 16-30
8. Location: QtrQtr: SESE Section: 30 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 07/05/2011 Date of First Production this formation: 01/28/2005
Perforations Top: 7354 Bottom: 7368 No. Holes: 56 Hole size: 0.23

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

Re-Frac Codell down 4-1/2" Csg w/ 221,340 gal Slickwater w/ 150,060# 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: <u>J SAND</u>				Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>06/21/2011</u>		Date of First Production this formation: <u>05/21/2007</u>			
Perforations	Top: <u>7772</u>	Bottom: <u>7824</u>	No. Holes: <u>104</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>SAND PLUG SET @ 7897</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:					
<u>SAND PLUG SET @ 7897</u>					
Date formation Abandoned: <u>06/21/2011</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: <u>7897</u>		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>07/05/2011</u>		Date of First Production this formation: <u>07/07/2011</u>			
Perforations	Top: <u>7062</u>	Bottom: <u>7368</u>	No. Holes: <u>118</u>	Hole size: <u>0.43</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>CDRF-NBREC</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>07/19/2011</u>	Hours: <u>24</u>	Bbls oil: <u>35</u>	Mcf Gas: <u>162</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>35</u>	Mcf Gas: <u>162</u>	Bbls H2O: <u>0</u>	GOR: <u>4629</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1708</u>	Tubing PSI: <u>1078</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1216</u>	API Gravity Oil: <u>54</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7326</u>	Tbg setting date: <u>07/14/2011</u>	Packer Depth: _____		
Reason for Non-Production:					
<u></u>					
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: NIOBRARA Status: COMMINGLED

Treatment Date: 07/05/2011 Date of First Production this formation: 07/07/2011

Perforations Top: 7062 Bottom: 7273 No. Holes: 62 Hole size: 0.43

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

Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 245,574 gal Slickwater w/ 200,340# 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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 7/21/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400188062	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)