

**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**

Document Number:  
  
400203428

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-</u>	

5. API Number <u>05-123-20996-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>VYNCKIER</u>	Well Number: <u>15-2A7952</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>2</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 08/10/2011Date of First Production this formation: 08/15/2011Perforations Top: 7145 Bottom: 7864 No. Holes: 208 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: REMOVED CIBP SET @ 7700 TO COMMINGLE JSND 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: \_\_\_\_\_

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 08/10/2011Date of First Production this formation: 07/15/2002Perforations Top: 7815 Bottom: 7864 No. Holes: 82 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: REMOVED CIBP SET @ 7700This formation is commingled with another formation:  Yes  No**Test Information:**Date: 09/03/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 114 Bbls H2O: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 8 Mcf Gas: 114 Bbls H2O: 0 GOR: 14250Test Method: FLOWING Casing PSI: 453 Tubing PSI: 382 Choke Size: \_\_\_\_\_Gas Disposition: SOLD Gas Type: WET BTU Gas: 1294 API Gravity Oil: 50

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:

NO CHOKE

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: CARA MAHLERTitle: REGULATORY ANALYST 1Date: 9/8/2011CARA.MAHLER@ANADARKO.COM

Email  
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### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
400203428	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)