

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



Table with columns DE, ET, OE, ES

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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: 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 05-123-21509-00
6. County: WELD
7. Well Name: SPARBOE
Well Number: 9-35A
8. Location: QtrQtr: NESE Section: 35 Township: 2N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 08/11/2011 Date of First Production this formation: 06/23/2009
Perforations Top: 6879 Bottom: 7217 No. Holes: 121 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: [ ]
Re-Frac Codell down 4-1/2" Csg w/ 263,340 gal Slickwater w/ 207,640# 40/70, 4,000# SB Excel, 0# .
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 09/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 8 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 8 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1093 Tubing PSI: 1097 Choke Size:
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1192 API Gravity Oil: 45
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7180 Tbg setting date: 08/19/2011 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: 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 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**

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

Total: 0 comment(s)