FORM 5A	State of Colorado		DE	ET	OE	ES	

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

COMPLETED INTERVAL REPORT

DE	ET	OE	ES	

Document Number:

400206478

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.

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1. OGCC Operator Number: 47120

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

3. Address: P O BOX 173779

    City: DENVER   State: CO   Zip: 80217-

4. Contact Name: CARA MAHLER

   Phone: (720) 929-6029

     Fax: (720) 929-7029

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5. API Number   05-123-22039-00

6. County: WELD

7. Well Name: ALVIN   Well Number: 12-19

8. Location: QtrQtr: NWSW   Section: 19   Township: 2N   Range: 65W   Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: J SAND   Status: TEMPORARILY ABANDONED

Treatment Date: 08/16/2011   Date of First Production this formation: 11/02/2008

Perforations   Top: 7922   Bottom: 7953   No. Holes: 93   Hole size: 0.42

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

SPOT 2455# OF 20/40 SAND TO 7722

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:

SPOT 2455# OF 20/40 SAND TO 7722

Date formation Abandoned: 08/16/2011   Squeeze: ☐ Yes   ☐ No   If yes, number of sacks cmt _____

Bridge Plug Depth: 7722   Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL   Status: PRODUCING

Treatment Date: 08/24/2011   Date of First Production this formation: 09/06/2011

Perforations   Top: 7272   Bottom: 7465   No. Holes: 132   Hole size: 0.38

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

CDL RE PERF (8/17/2011) 7447-7459 HOLES 24 SIZE .38
Re-Frac Codell down 4-1/2" Csg w/ 200,831 gal Slickwater w/ 151,360# 40/70, 4,000# SuperLC.

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

Test Information:

Date: 09/10/2011   Hours: 24   Bbls oil: 23   Mcf Gas: 60   Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 23   Mcf Gas: 60   Bbls H2O: 0   GOR: 2609

Test Method: FLOWING   Casing PSI: 1247   Tubing PSI: 560   Choke Size: 18/64

Gas Disposition: SOLD   Gas Type: WET   BTU Gas: 1209   API Gravity Oil: 40

Tubing Size: 2 + 3/8   Tubing Setting Depth: 7424   Tbg setting date: 08/29/2011   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: 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

User Group	Comment	Comment Date

Total: 0 comment(s)