

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
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

5. API Number 05-123-23498-00
6. County: WELD
7. Well Name: THUENER
Well Number: 11-14
8. Location: QtrQtr: NESW Section: 14 Township: 2N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 08/24/2011	Date of First Production this formation: 06/01/2006
Perforations Top: 7511 Bottom: 7531	No. Holes: 60 Hole size: 0.38
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Re-Frac Codell down 4-1/2" Csg w/ 213,061 gal Slickwater w/ 150,000# 40/70, 4,000# SB Excel, 0# .	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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:	
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-CODELL Status: PRODUCING

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

Perforations Top: 7302 Bottom: 7531 No. Holes: 114 Hole size: 0.38

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

CDRF-NBREC

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

Test Information:

Date: 09/12/2011 Hours: 24 Bbls oil: 17 Mcf Gas: 98 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 17 Mcf Gas: 98 Bbls H2O: 0 GOR: 5765

Test Method: FLOWING Casing PSI: 1175 Tubing PSI: 1010 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1261 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7483 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

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

Perforations Top: 7302 Bottom: 7390 No. Holes: 54 Hole size: 0.42

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

Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 233,880 gal Slickwater w/ 201,540# 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:

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

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

Total: 0 comment(s)