

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400207955

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: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL & 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>05-123-21632-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PSC</u>	Well Number: <u>15-11</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>11</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: 09/06/2011

Date of First Production this formation: 09/08/2011

Perforations Top: 6883 Bottom: 7630 No. Holes: 180 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVED SAND PLUG SET @ 7311-7313 TO COMMINGLE JSND WITH NB/CD

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 09/20/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 128 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 128 Bbls H2O: 0 GOR: 12800

Test Method: FLOWING Casing PSI: 439 Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1188 API Gravity Oil: 53

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 SAND

Status: PRODUCING

Treatment Date: 09/06/2011

Date of First Production this formation: 10/30/2005

Perforations Top: 7571 Bottom: 7630 No. Holes: 98 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVED SAND PLUG SET @ 7311-7313 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:

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

User Group	Comment	Comment Date

Total: 0 comment(s)