

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:

400199784

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 05-123-18504-00 6. County: WELD
7. Well Name: DILLON Well Number: 44-15
8. Location: QtrQtr: SESE Section: 15 Township: 2N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/01/2011 Date of First Production this formation: 10/20/1994
Perforations Top: 7289 Bottom: 7512 No. Holes: 34 Hole size: 0.42

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

SAND PLUG SET @ 6900' ON 12/18/2008 CHANGING STATUS TO TA. REMOVED SAND PLUG ON 8/1/2011 TO COMMINGLE WITH SUSX.

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: NIOBRARA-CODELL-SUSSEX Status: COMMINGLED

Treatment Date: 08/01/2011 Date of First Production this formation: 08/11/2011

Perforations Top: 440 Bottom: 7512 No. Holes: 100 Hole size: 0.45

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

REMOVED SAND PLUG ON 8/1/2011 TO COMMINGLE NB/CD WITH SUSX.

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

Test Information:

Date: 09/08/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 36 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 36 Bbls H2O: 0 GOR: 18000

Test Method: FLOWING Casing PSI: 796 Tubing PSI: 820 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1237 API Gravity Oil: 49

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: SHANNON Status: TEMPORARILY ABANDONED

Treatment Date: 04/22/2010 Date of First Production this formation: 01/29/2009

Perforations Top: 4830 Bottom: 4840 No. Holes: 30 Hole size: 0.42

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

Shannon was squeezed 3 times. (4/22/2010) 40sx , (4/26/2010) 50sx, and (4/27/2010) 50sx.

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: _____

Shannon was squeezed 3 times. (4/22/2010) 40sx , (4/26/2010) 50sx, and (4/27/2010) 50sx.

Date formation Abandoned: 04/22/2010 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 140

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 05/07/2010 Date of First Production this formation: 08/11/2011

Perforations Top: 4400 Bottom: 4438 No. Holes: 66 Hole size: 0.27

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

Frac Sussex down 3-1/2" Csg w/ 20,538 gal ThermoStar N2 w/ 180,360# 16/30, 20,820# SB Excel. Broke @ 1,566 psi @ 4bpm
unable to plunger lift due to small amounts of gas. Commingle with NB/CD should add 20 mscfpd and lift well. 08/11/2011 after
COMMMINGLE the SUSSEX officially turned on.

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**

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Total: 0 comment(s)