

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:

2505865

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: 10197 4. Contact Name: ANNIE SMITH
2. Name of Operator: SANDRIDGE ENERGY INC (FEDERAL WELLS) Phone: (303) 606-4363
3. Address: 1601 NW EXPRESSWAY STE 1600 Fax: (303) 629-8285
City: OKLAHOMA CITY State: OK Zip: 73118

5. API Number 05-103-10536-00 6. County: RIO BLANCO
7. Well Name: FEDERAL Well Number: 299-23-3
8. Location: QtrQtr: NWSW Section: 23 Township: 2S Range: 99W Meridian: 6
9. Field Name: SAGE BRUSH HILLS II Field Code: 76140

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>SHUT IN</u>	
Treatment Date: <u>02/07/2006</u>		Date of First Production this formation: <u>02/07/2006</u>	
Perforations	Top: <u>8134</u> Bottom: <u>8138</u>	No. Holes: <u>12</u>	Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>26,000 # 20/40 JORDAN SAND, 34,300 BBLS SLICKWATER</u>			
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: <u>CORCORAN</u>			Status: <u>SHUT IN</u>		
Treatment Date: <u>02/07/2006</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7884</u>	Bottom: <u>7888</u>	No. Holes: <u>12</u>	Hole size: <u>36/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>26,000 # 20/40 JORDAN SAND, 34,300 BBLS SLICKWATER</u>					
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: <u>SOLD</u>	Gas Type: <u>DRY</u>	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: <u>ROLLINS</u>			Status: <u>SHUT IN</u>		
Treatment Date: <u>02/07/2009</u>		Date of First Production this formation: <u>02/07/2009</u>			
Perforations	Top: <u>8246</u>	Bottom: <u>8250</u>	No. Holes: <u>12</u>	Hole size: <u>36/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>26,000 # 20/40 JORDAN SAND, 34,300 BBLS SLICKWATER</u>					
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: WILLIAMS FORK - CAMEO

Status: SHUT IN

Treatment Date: 02/08/2006

Date of First Production this formation: 02/08/2006

Perforations Top: 7583 Bottom: 7317 No. Holes: 72 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

26,000 # 20/40 JORDAN SAND, 34,300 BBLS SLICKWATER

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: WILLIAMS FORK-ILES

Status: COMMINGLED

Treatment Date: 02/07/2006

Date of First Production this formation: 02/07/2006

Perforations Top: 7397 Bottom: 8250 No. Holes: 108 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

358,748 # 20/40 JORDAN SAND, 7,521 BBLS SLICKWATER

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: 2 + 3/8 Tubing Setting Depth: 7470 Tbg setting date: 02/11/2006 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: ANNIE SMITH

Title: ENG TECH Date: 9/25/2009 Email: ANNIE.SMITH@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2505865	FORM 5A SUBMITTED
2505866	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)