

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:

400201369

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 05-123-32819-00 6. County: WELD
7. Well Name: REI Well Number: 27-17
8. Location: QtrQtr: NWNE Section: 17 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>07/11/2011</u>		Date of First Production this formation: <u>08/04/2011</u>	
Perforations	Top: <u>7110</u> Bottom: <u>7870</u>	No. Holes: <u>192</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>08/26/2011</u>	Hours: <u>24</u>	Bbls oil: <u>34</u>	Mcf Gas: <u>328</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>34</u>	Mcf Gas: <u>328</u> Bbls H2O: <u>0</u> GOR: <u>9647</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2574</u>	Tubing PSI: <u></u>	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1213</u>	API Gravity Oil: <u>62</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <div></div>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/11/2011 Date of First Production this formation: 08/04/2011

Perforations Top: 7840 Bottom: 7870 No. Holes: 60 Hole size: 0.42

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

Frac J-Sand down 4-1/2" Csg w/ 149,562 gal Slickwater w/ 115,160# 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/21/2011 Date of First Production this formation: 08/04/2011

Perforations Top: 7110 Bottom: 7398 No. Holes: 132 Hole size: 0.42

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

CDL PERF: 7382-7398 HOLES 64 SIZE .42 NB PERF: 7110-7254 HOLES 68 SIZE .42
Frac Codell down 4-1/2" Csg w/ 210,336 gal Slickwater w/ 151,160# 40/70, 4,000# SB Excel.
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 247,548 gal Slickwater w/ 201,160# 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:

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: 9/7/2011 CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

Att Doc Num	Name
400201369	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)