

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:

400203951

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 05-123-24071-00 6. County: WELD  
7. Well Name: ANDERSEN Well Number: 23-33  
8. Location: QtrQtr: NESW Section: 33 Township: 4N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 08/10/2011 Date of First Production this formation: 08/23/2011  
Perforations Top: 7000 Bottom: 7295 No. Holes: 164 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Re-Frac Codell down 4-1/2" Csg w/ 268,762 gal Slickwater w/ 211,700# 40/70, 4,000# SuperLC  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 08/29/2011 Hours: 24 Bbls oil: 48 Mcf Gas: 432 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 48 Mcf Gas: 432 Bbls H2O: 0 GOR: 9000  
Test Method: FLOWING Casing PSI: 797 Tubing PSI: 240 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1214 API Gravity Oil: 50  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7233 Tbg setting date: 08/31/2011 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: \_\_\_\_\_

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: 9/8/2011 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400203951	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)