

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:

400206478

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 05-123-22039-00

6. County: WELD

7. Well Name: ALVIN

Well Number: 12-19

8. Location: QtrQtr: NWSW Section: 19

Township: 2N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 08/16/2011Date of First Production this formation: 11/02/2008Perforations Top: 7922 Bottom: 7953 No. Holes: 93 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐SPOT 2455# OF 20/40 SAND TO 7722This 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:

SPOT 2455# OF 20/40 SAND TO 7722Date formation Abandoned: 08/16/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____Bridge Plug Depth: 7722 Sacks cement on top: _____FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 08/24/2011Date of First Production this formation: 09/06/2011Perforations Top: 7272 Bottom: 7465 No. Holes: 132 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐CDL RE PERF (8/17/2011) 7447-7459 HOLES 24 SIZE .38Re-Frac Codell down 4-1/2" Csg w/ 200,831 gal Slickwater w/ 151,360# 40/70, 4,000# SuperLC.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/10/2011 Hours: 24 Bbls oil: 23 Mcf Gas: 60 Bbls H2O: 0Calculated 24 hour rate: _____ Bbls oil: 23 Mcf Gas: 60 Bbls H2O: 0 GOR: 2609Test Method: FLOWING Casing PSI: 1247 Tubing PSI: 560 Choke Size: 18/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1209 API Gravity Oil: 40Tubing Size: 2 + 3/8 Tubing Setting Depth: 7424 Tbg setting date: 08/29/2011 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: 9/19/2011

Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400206478	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)