

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:

400206948

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 05-123-23083-00 6. County: WELD  
7. Well Name: ROBERT Well Number: 3-14  
8. Location: QtrQtr: NENW Section: 14 Township: 2N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 08/23/2011 Date of First Production this formation: 05/28/2011  
Perforations Top: 7274 Bottom: 7545 No. Holes: 155 Hole size: 0.38

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

Re-Frac Codell down 4-1/2" Csg w/ 265,839 gal Slickwater w/ 208,360# 40/70, 4,000# SB Excel.

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

**Test Information:**

Date: 09/17/2011 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: 961 Tubing PSI: 893 Choke Size: 30/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1344 API Gravity Oil: 50  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7498 Tbg setting date: 08/30/2011 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: 9/20/2011 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400206948	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)