

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:

400214946

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  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-  
4. Contact Name: CARA MAHLER  
Phone: (720) 929-6029  
Fax: (720) 929-7029

5. API Number 05-123-22942-00  
6. County: WELD  
7. Well Name: MAYER STATE  
Well Number: 16-16  
8. Location: QtrQtr: SESE Section: 16 Township: 2N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 09/13/2011 Date of First Production this formation: 07/22/2009  
Perforations Top: 7250 Bottom: 7490 No. Holes: 136 Hole size: 0.38  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Re-Frac Codell down 4-1/2" Csg w/ 267,603 gal Slickwater w/ 207,280# 40/70, 4,000# SB Excel.

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

**Test Information:**

Date: 10/12/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 19 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 19 Bbls H2O: 0 GOR: 3167  
Test Method: FLOWING Casing PSI: 956 Tubing PSI:            Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1191 API Gravity Oil: 40  
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: 10/13/2011 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400214946	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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