

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:

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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: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-22239-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BEEBE</u>	Well Number: <u>10-34</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>34</u> Township: <u>4N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

### Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 08/31/2011Date of First Production this formation: 04/23/2006Perforations Top: 7590 Bottom: 7654 No. Holes: 112 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐SET SAND PLUG @ 7340-7600This 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:

SET SAND PLUG @ 7340-7600Date formation Abandoned: 08/31/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 7600 Sacks cement on top: \_\_\_\_\_FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 09/28/2011Date of First Production this formation: 08/05/2004Perforations Top: 6864 Bottom: 7148 No. Holes: 120 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐REPERF CDL (9/2/2011) 7130-7148 HOLES 36 SIZE .38Re-Frac Codell down 4-1/2" Csg w/ 270,690 gal Slickwater w/ 209,360# 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: 8 Mcf Gas: 247 Bbls H2O: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 8 Mcf Gas: 247 Bbls H2O: 0 GOR: 30875Test Method: FLOWING Casing PSI: 1005 Tubing PSI: \_\_\_\_\_ Choke Size: 22/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1189 API Gravity Oil: 62

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 MAHLERTitle: REGULATORY ANALYST 1 Date: \_\_\_\_\_ Email: CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC \_\_\_\_\_ Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)