

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: 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 05-123-08596-00 6. County: WELD  
7. Well Name: ALBERT D. KURTZ GAS UNIT Well Number: B 1  
8. Location: QtrQtr: SENE Section: 20 Township: 3N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/29/2011</u>		Date of First Production this formation: <u>07/07/2005</u>	
Perforations	Top: <u>7138</u> Bottom: <u>7156</u>	No. Holes: <u>54</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Re-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 88,704 gal Dynaflo 2 w/ 162,310# 20/40, 4,000# SuperLC.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
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: _____			
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>08/23/2011</u>		Date of First Production this formation: <u>01/31/1976</u>	
Perforations	Top: <u>7573</u>	Bottom: <u>7608</u>	No. Holes: <u>70</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>SET SAND PLUG @ 7360-7660</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: _____	Hours: _____	Bbbs oil: _____	Mcf Gas: _____ Bbbs H2O: _____
Calculated 24 hour rate:	Bbbs oil: _____	Mcf Gas: _____	Bbbs 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:			
<div>SET SAND PLUG @ 7360-7660</div>			
Date formation Abandoned: <u>08/23/2011</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>7660</u>	Sacks cement on top: _____		

FORMATION: NIOBRARA-CODELL			Status: PRODUCING		
Treatment Date: 09/29/2011		Date of First Production this formation:		10/11/2011	
Perforations	Top: 6898	Bottom: 7156	No. Holes: 104	Hole size: 0.38	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
CDRF-NBREC					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: 10/20/2011	Hours: 24	Bbls oil: 12	Mcf Gas: 30	Bbls H2O: 0	
Calculated 24 hour rate:		Bbls oil: 12	Mcf Gas: 30	Bbls H2O: 0	GOR: 2500
Test Method: FLOWING	Casing PSI: 1143	Tubing PSI:	Choke Size: 30/64		
Gas Disposition: SOLD	Gas Type: WET	BTU Gas: 1204	API Gravity Oil: 46		
Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:		
Reason for Non-Production:					
Date formation Abandoned:		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt		
Bridge Plug Depth:		Sacks cement on top:			

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 09/29/2011 Date of First Production this formation: 10/11/2011

Perforations Top: 6898 Bottom: 7028 No. Holes: 50 Hole size: 0.42

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

Frac Niobrara A & B & C down 2-7/8" Tbg w/ Pkr ^ Nio w/ 250 gal 15% HCl & 89,966 gal Dynaflo 2 Hybrid w/ 84,210# 20/40, 0# SB Excel.

This 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: \_\_\_\_\_

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: \_\_\_\_\_ 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)