

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:

400217417

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>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-32683-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PINNACLE</u>	Well Number: <u>25-2</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>2</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/10/2011</u>	Date of First Production this formation: <u>10/12/2011</u>
Perforations Top: <u>8136</u> Bottom: <u>8152</u>	No. Holes: <u>48</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CD PERF 8136-8152 HOLES 48 SIZE 0.42 Frac Codell down 4-1/2" Csg w/ 194,712 gal Slickwater w/ 151,700# 40/70, 4,000# SuperLC	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>J-CODELL</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/26/2011</u>		Date of First Production this formation: <u>10/12/2011</u>			
Perforations	Top: <u>8136</u>	Bottom: <u>8595</u>	No. Holes: <u>96</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
CD PERF 8136-8152 HOLES 48 SIZE 0.42 J S PERF 8580-8595 HOLES 48 SIZE 0.42					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>10/13/2011</u>	Hours: <u>24</u>	Bbls oil: <u>20</u>	Mcf Gas: <u>150</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>20</u>	Mcf Gas: <u>150</u>	Bbls H2O: <u>0</u>	GOR: <u>7500</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1500</u>	Tubing PSI: <u></u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1199</u>	API Gravity Oil: <u>50</u>	
Tubing Size: <u></u>		Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>		
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>			

FORMATION: <u>J SAND</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>09/26/2011</u>		Date of First Production this formation: <u>10/12/2011</u>			
Perforations	Top: <u>8580</u>	Bottom: <u>8595</u>	No. Holes: <u>48</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
J S PERF 8580-8595 HOLES 48 SIZE 0.42 Frac J-Sand down 4-1/2" Csg w/ 147,865 gal Slickwater w/ 118,140# 40/70, 4,000# SuperLC					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u></u>	Hours: <u></u>	Bbls oil: <u></u>	Mcf Gas: <u></u>	Bbls H2O: <u></u>	
Calculated 24 hour rate:		Bbls oil: <u></u>	Mcf Gas: <u></u>	Bbls H2O: <u></u>	GOR: <u></u>
Test Method: <u></u>		Casing PSI: <u></u>	Tubing PSI: <u></u>	Choke Size: <u></u>	
Gas Disposition: <u></u>		Gas Type: <u></u>	BTU Gas: <u></u>	API Gravity Oil: <u></u>	
Tubing Size: <u></u>		Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>		
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>			

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Cindy Vue

Title: Regulatory Analyst II

Date: 10/24/2011

Cindy.Vue@anadarko.com

Email
:

Attachment Check List

Att Doc Num	Name
400217417	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)