

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: 47120 4. Contact Name: Cindy Vue  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
 3. Address: P O BOX 173779 Fax: (720) 929-7832  
 City: DENVER State: CO Zip: 80217-

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

Completed Interval

FORMATION: CODELL Status: PRODUCING  
 Treatment Date: 10/10/2011 Date of First Production this formation: 10/12/2011  
 Perforations Top: 8136 Bottom: 8152 No. Holes: 48 Hole size: 0.42  
 Provide a brief summary of the formation treatment: Open Hole:   
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:  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: \_\_\_\_\_

FORMATION: J-CODELL Status: COMMINGLED

Treatment Date: 09/26/2011 Date of First Production this formation: 10/12/2011  
Perforations Top: 8136 Bottom: 8595 No. Holes: 96 Hole size: 0.42

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

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:  Yes  No

**Test Information:**

Date: 10/13/2011 Hours: 24 Bbls oil: 20 Mcf Gas: 150 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 150 Bbls H2O: 0 GOR: 7500  
Test Method: FLOWING Casing PSI: 1500 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1199 API Gravity Oil: 50  
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: \_\_\_\_\_

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/26/2011 Date of First Production this formation: 10/12/2011  
Perforations Top: 8580 Bottom: 8595 No. Holes: 48 Hole size: 0.42

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

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:  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: Cindy Vue

Title: Regulatory Analyst II Date: 10/24/2011 Cindy.Vue@anadarko.com

Email  
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**Attachment Check List**

Att Doc Num	Name
400217417	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)