

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:

400217725

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 05-123-07744-00 6. County: WELD
7. Well Name: GOTTLIEB GABEL Well Number: 1
8. Location: QtrQtr: SWSW Section: 5 Township: 1N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/22/2011</u>	Date of First Production this formation: <u>01/21/1996</u>
Perforations Top: <u>7435</u> Bottom: <u>7448</u>	No. Holes: <u>26</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>REMOVED CIBP SET @ 7134-7136. HOLE SIZE N/A</u>	
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: J-CODELL-SUSSEX Status: COMMINGLED

Treatment Date: 06/22/2011 Date of First Production this formation: 07/06/2011

Perforations Top: 4600 Bottom: 7920 No. Holes: 114 Hole size: 0.38

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

REMOVED CIBP SET @ 7134-7136 TO COMMINGLE JSND AND CDL WITH SUSX

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

Test Information:

Date: 07/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0 GOR: 1223

Test Method: FLOWING Casing PSI: 523 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1241 API Gravity Oil: 46

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: 06/22/2011 Date of First Production this formation: 01/21/1996

Perforations Top: 7898 Bottom: 7920 No. Holes: 44 Hole size: _____

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

REMOVED CIBP SET @ 7134-7136. HOLE SIZE N/A

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:

NO CHOKE.

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)