

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:

400227189

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 05-123-23532-00 6. County: WELD  
7. Well Name: SORENSSON Well Number: 6-5  
8. Location: QtrQtr: SEnw Section: 5 Township: 3N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>11/01/2011</u>		Date of First Production this formation: <u>03/23/2006</u>	
Perforations	Top: <u>7224</u> Bottom: <u>7244</u>	No. Holes: <u>60</u>	Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Re-Frac Codell down 4-1/2" Csg w/ 205,716 gal Slickwater w/ 150,900# 40/70, 4,000# SB Excel, 0# .</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: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 11/01/2011

Date of First Production this formation: 11/07/2011

Perforations Top: 6958

Bottom: 7244

No. Holes: 132

Hole size: 0.45

Provide a brief summary of the formation treatment:

Open Hole: ☐

CDRF-NBREC

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 11/13/2011 Hours: 24 Bbls oil: 42 Mcf Gas: 168 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 42 Mcf Gas: 168 Bbls H2O: 0 GOR: 4000

Test Method: FLOWING Casing PSI: 1800 Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 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: NIOBRARA

Status: COMMINGLED

Treatment Date: 11/01/2011

Date of First Production this formation: 11/07/2011

Perforations Top: 6958

Bottom: 7100

No. Holes: 72

Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐Frac Niobrara A & B & C down 4-1/2" Csg w/ 260 gal 15% HCl & 227,968 gal Slickwater w/ 200,880# 40/70, 4,000# SB Excel, 0# .  
HOLE SIZE N/AThis 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: 11/29/2011 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400227189	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)