

**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: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-22065-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>VARGAS</u>	Well Number: <u>11-13</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>13</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 10/25/2011Date of First Production this formation: 12/22/2005Perforations Top: 7848 Bottom: 7884 No. Holes: 72 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐SET SAND PLUG @ 7630-7861This 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:

SET SAND PLUG @ 7630-7861Date formation Abandoned: 10/25/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____Bridge Plug Depth: 7861 Sacks cement on top: _____FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 11/02/2011Date of First Production this formation: 11/16/2011Perforations Top: 7158 Bottom: 7416 No. Holes: 74 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐REPERF CDL (10/28/2011) 7398-7410 HOLES 24 SIZE .40Re-Frac Codell down 4-1/2" Csg w/ 270,732 gal Slickwater w/ 208,860# 40/70, 4,000# SB Excel.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 12/03/2011 Hours: 24 Bbls oil: 23 Mcf Gas: 74 Bbls H2O: 0Calculated 24 hour rate: _____ Bbls oil: 23 Mcf Gas: 74 Bbls H2O: 0 GOR: 3217Test Method: FLOWING Casing PSI: 890 Tubing PSI: _____ Choke Size: 32/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1151 API Gravity Oil: 47

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 MAHLERTitle: 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)