

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:

400230775

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 05-123-31714-00 6. County: WELD
7. Well Name: CARMA Well Number: 32-36
8. Location: QtrQtr: SENW Section: 36 Township: 3N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 08/30/2011 Date of First Production this formation: 11/09/2011
Perforations Top: 7378 Bottom: 8208 No. Holes: 176 Hole size: 0.42

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

NB PERF 7378-7512 TOTAL 68 SIZE 0.42
CD PERF 7635-7655 TOTAL 60 SIZE 0.42
J S PERF 8184-8208 TOTAL 48 SIZE 0.40

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

Test Information:

Date: 11/11/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 150 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 50 Mcf Gas: 150 Bbls H2O: 0 GOR: 3000
Test Method: FLOWING Casing PSI: 1895 Tubing PSI: _____ Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1258 API Gravity Oil: 51
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: 08/30/2011 Date of First Production this formation: 11/09/2011

Perforations Top: 8184 Bottom: 8208 No. Holes: 48 Hole size: 0.4

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

J S PERF 8184-8208 TOTAL 48 SIZE 0.40
Frac J-Sand down 4-1/2" Csg w/ 146,258 gal Slickwater w/ 115,000# 40/70, 4,220# SB Excel

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/20/2011 Date of First Production this formation: 11/09/2011

Perforations Top: 7378 Bottom: 7655 No. Holes: 128 Hole size: 0.42

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

NB PERF 7378-7512 TOTAL 68 SIZE 0.42 CD PERF 7635-7655 TOTAL 60 SIZE 0.42
Frac Niobrara A & B & C down 4-1/2" Csg w/ 233,520 gal Slickwater w/ 200,960# 40/70, 4,380# SB Excel
Frac Codell down 4-1/2" Csg w/ 200,340 gal Slickwater w/ 146,240# 40/70, 4,140# SB Excel

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: _____ Email Cindy.Vue@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

User Group **Comment** **Comment Date**

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Total: 0 comment(s)