

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:

400232856

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.

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|-----------------------------------------------------------------|-------------------------------------|
| 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> | |

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| 5. API Number <u>05-123-09927-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>UPRR 53 PAN AM UNIT J</u> | Well Number: <u>2</u> |
| 8. Location: QtrQtr: <u>NENW</u> Section: <u>11</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u> | |
| 9. Field Name: _____ | Field Code: _____ |

Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 11/11/2011Date of First Production this formation: 07/23/1980Perforations Top: 7554 Bottom: 7596 No. Holes: 128 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐SET SAND PLUG @ 7344-7680. 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:

SET SAND PLUG @ 7344-7680Date formation Abandoned: 11/11/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt Bridge Plug Depth: 7680 Sacks cement on top: FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 12/02/2011Date of First Production this formation: 12/07/2011Perforations Top: 6866 Bottom: 7116 No. Holes: 180 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐CDL REPERF (11/14/11) 7106-7116 HOLES 20 SIZE .38Re-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 210,882 gal Slickwater w/ 135,000# 40/70, 4,740# SuperLC, 0# .This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 12/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 10 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 10 Bbls H2O: 0 GOR: 0Test Method: FLOWING Casing PSI: 136 Tubing PSI: Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1323 API Gravity Oil: 51Tubing 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> |
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Total: 0 comment(s)