

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



DE ET OE ES

Document Number:

400232365

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 05-123-14601-00 6. County: WELD
7. Well Name: CHAMPLIN 203 AMOCO 'A' Well Number: 1
8. Location: QtrQtr: SENE Section: 5 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 11/16/2011 Date of First Production this formation: 11/29/2011
Perforations Top: 7006 Bottom: 7310 No. Holes: 140 Hole size: 0.41

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

CDL REPERF (11/9/11) 7294-7306 HOLES 36 SIZE .38
Re-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 206,976 gal Slickwater w/ 150,360# 40/70, 4,000# SB Excel.
Re-Frac Niobrara A & B & C down 2-7/8" Tbg w/ Pkr ^ Nio w/ 252 gal 15% HCl & 245,070 gal Slickwater w/ 200,380# 40/70, 4,000# SB Excel.

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

Test Information:

Date: 12/09/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 169 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 169 Bbls H2O: 0 GOR: 21125
Test Method: FLOWING Casing PSI: 538 Tubing PSI: Choke Size: 22/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1246 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:

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 MAHLER

Title: REGULATORY ANALYST 1 Date: 12/14/2011 CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

Att Doc Num	Name
400232365	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)