

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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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.

Document Number:

400238773

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 05-123-24352-00

6. County: WELD

7. Well Name: REYNOLDS

Well Number: 2-23

8. Location: QtrQtr: NENE Section: 23 Township: 3N Range: 68W Meridian: 6

9. Field Name: Field Code:

**Completed Interval**FORMATION: CODELL Status: TEMPORARILY ABANDONEDTreatment Date: 11/28/2011 Date of First Production this formation: 05/23/2007Perforations Top: 7400 Bottom: 7417 No. Holes: 68 Hole size: 0.41Provide a brief summary of the formation treatment: Open Hole: ☐CIBP SET @ 7326-7328This 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:

CIBP SET @ 7326-7328Date formation Abandoned: 11/28/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 7328 Sacks cement on top: \_\_\_\_\_FORMATION: NIOBRARA Status: PRODUCINGTreatment Date: 12/13/2011 Date of First Production this formation: 12/19/2011Perforations Top: 7146 Bottom: 7272 No. Holes: 52 Hole size: 0.38Provide a brief summary of the formation treatment: Open Hole: ☐Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 237,764 gal Slickwater w/ 201,360# 40/70, 4,000# SB Excel, 0# .This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 01/01/2012 Hours: 24 Bbls oil: 46 Mcf Gas: 148 Bbls H2O: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 46 Mcf Gas: 148 Bbls H2O: 0 GOR: 3217Test Method: FLOWING Casing PSI: 1475 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1270 API Gravity Oil: 40

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**

User Group	Comment	Comment Date

Total: 0 comment(s)