

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:

400233945

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 05-123-32990-00 6. County: WELD  
7. Well Name: PALYO Well Number: 3-11  
8. Location: QtrQtr: NENW Section: 11 Township: 2N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 11/03/2011 Date of First Production this formation: 12/07/2011  
Perforations Top: 7242 Bottom: 7252 No. Holes: 40 Hole size: 0.44

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

CD PERF 7242-7252 HOLES 40 SIZE 0.44  
Frac Codell down 4-1/2" Csg w/ 195,552 gal Slickwater w/ 150,000# 40/70, 4,000# 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: 11/03/2011

Date of First Production this formation: 12/07/2011

Perforations Top: 7066 Bottom: 7252 No. Holes: 84 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 7066-7120 HOLES 44 SIZE 0.42 CD PERF 7242-7252 HOLES 40 SIZE 0.44  
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 233,898 gal Slickwater w/ 200,250# 40/70, 4,000# SB Excel  
Frac Codell down 4-1/2" Csg w/ 195,552 gal Slickwater w/ 150,000# 40/70, 4,000# SB Excel

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 12/08/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 175 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 175 Bbls H2O: 0 GOR: 3500

Test Method: FLOWING Casing PSI: 1400 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1322 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: NIOBRARA

Status: COMMINGLED

Treatment Date: 11/03/2100

Date of First Production this formation: 12/07/2011

Perforations Top: 7066 Bottom: 7120 No. Holes: 44 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 7066-7120 HOLES 44 SIZE 0.42  
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 233,898 gal Slickwater w/ 200,250# 40/70, 4,000# SB Exce

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: 12/19/2011

Cindy.Vue@anadarko.com

Email  
:

### **Attachment Check List**

Att Doc Num	Name
400233945	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)