

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:

400257788

Date Received:

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 05-123-33499-00

6. County: WELD

7. Well Name: WARNER

Well Number: 33-18

8. Location: QtrQtr: SESW Section: 18 Township: 2N Range: 65W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 02/06/2012

Date of First Production this formation: 02/16/2012

Perforations Top: 7998 Bottom: 8012 No. Holes: 56 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

CD PERF 7998-8012 HOLES 56 SIZE 0.42

Frac CODL down casing w/ 205,758 gal slickwater. No proppant used on this job. Broke @ 2,677 psi @ 2.7 bpm. ATP=4,595 psi; MTP=5,274 psi; ATR=57.4 bpm; ISDP=3,070 psi

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: J-NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: 01/30/2012

Date of First Production this formation: 02/16/2012

Perforations Top: 7756 Bottom: 8492 No. Holes: 182 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 7756-7854 HOLES 66 SIZE 0.42
CD PERF 7998-8012 HOLES 56 SIZE 0.42
J S PERF 8460-8492 HOLES 60 SIZE 0.38

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

Date: 02/16/2012 Hours: 24 Bbls oil: 120 Mcf Gas: 120 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 120 Mcf Gas: 120 Bbls H2O: 0 GOR: 1000

Test Method: FLOWING Casing PSI: 944 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1246 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:

FORMATION: J SAND

Status: PRODUCING

Treatment Date: 01/30/2012

Date of First Production this formation: 02/16/2012

Perforations Top: 8460 Bottom: 8492 No. Holes: 60 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

J S PERF 8460-8492 HOLES 60 SIZE 0.38
Frac JSND down casing w/ 147,090 gal slickwater. No proppant used on this job. Broke @ 2,339 psi @ 2.9 bpm. ATP=2,499 psi;
MTP=3,087 psi; ATR=34.6 bpm; ISDP=1,759 psi

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: 02/06/2012

Date of First Production this formation: 02/16/2012

Perforations Top: 7756 Bottom: 8012 No. Holes: 122 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐NB PERF 7756-7854 HOLES 66 SIZE 0.42
CD PERF 7998-8012 HOLES 56 SIZE 0.42This 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

Status: COMMINGLED

Treatment Date: 02/06/2012

Date of First Production this formation: 02/16/2012

Perforations Top: 7756 Bottom: 7854 No. Holes: 66 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐NB PERF 7756-7854 HOLES 66 SIZE 0.42
Frac NBRR down casing w/ 252 gal 15% HCl & 245,952 gal slickwater. No proppant used on this job. Broke @ 2,957 psi @ 3 bpm.
ATP=4,911 psi; MTP=5,568 psi; ATR=62.5 bpm; ISDP=3,078 psiThis 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:

Cindy.Vue@anadarko.com

Email
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)