

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:

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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: 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 05-123-19559-00

6. County: WELD

7. Well Name: SPERL

Well Number: 16-2A

8. Location: QtrQtr: SESE Section: 2 Township: 2N

Range: 67W Meridian: 6

9. Field Name: Field Code:

### Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 12/08/2011Date of First Production this formation: 02/22/2012Perforations Top: 7158 Bottom: 7858 No. Holes: 222 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVED SAND PLUG SET @ 7650-7652 TO COMMINGLE JSND WITH NB/CD

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 03/01/2012 Hours: 24 Bbls oil: 6 Mcf Gas: 141 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 141 Bbls H2O: 0 GOR: 23500Test Method: FLOWING Casing PSI: 445 Tubing PSI:          Choke Size:         Gas Disposition: SOLD Gas Type: WET BTU Gas: 1274 API Gravity Oil: 50Tubing 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 SANDStatus: PRODUCINGTreatment Date: 12/08/2011Date of First Production this formation: 03/26/1998Perforations Top: 7807 Bottom: 7858 No. Holes: 92 Hole size:         

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVED SAND PLUG SET @ 7650-7652 TO COMMINGLE JSND WITH NB/CD

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:

CHOKE N/A. NO WBD

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:          CARA.MAHLER@ANADARKO.COM

Email  
:

### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)