

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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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 05-123-32978-00 6. County: WELD  
7. Well Name: DOUTHIT Well Number: 32-26HZ  
8. Location: QtrQtr: NESE Section: 26 Township: 3N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: GREENHORN Status: PRODUCING

Treatment Date: 11/19/2011 Date of First Production this formation: 12/13/2011

Perforations Top: 8088 Bottom: 11406 No. Holes: 760 Hole size: 0.42

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

AVERAGE TREATING PRESSURE 5470, AVERAGE RATE 42.2, TOTAL BBL FLUID 57159, TOTAL SAND WEIGHT 2621524.

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

**Test Information:**

Date: 01/06/2012 Hours: 24 Bbls oil: 30 Mcf Gas: 148 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 30 Mcf Gas: 148 Bbls H2O: 0 GOR: 4933

Test Method: FLOWING Casing PSI: 162 Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 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:

CHOKE N/A

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: \_\_\_\_\_ Email: CARA.MAHLER@ANADARKO.COM

### 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)