

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400239097

Date Received:

01/10/2012

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-24351-00
6. County: WELD
7. Well Name: REYNOLDS
Well Number: 1-23
8. Location: QtrQtr: NENE Section: 23 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 11/30/2011 Date of First Production this formation: 05/29/2007

Perforations Top: 7347 Bottom: 7364 No. Holes: 68 Hole size: 0.45

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

SET COMPOSITE PLUG @ 7278-7280.

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:

SET COMPOSITE PLUG @ 7278-7280.

Date formation Abandoned: 11/30/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7280 Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/30/2011 Date of First Production this formation: 12/22/2011

Perforations Top: 7092 Bottom: 7220 No. Holes: 64 Hole size: 0.38

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

Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 231,777 gal Slickwater w/ 200,840# 40/70, 4,000# SB Excel.

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

Test Information:

Date: 01/07/2012 Hours: 24 Bbls oil: 13 Mcf Gas: 19 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 13 Mcf Gas: 19 Bbls H2O: 0 GOR: 1462

Test Method: FLOWING Casing PSI: 168 Tubing PSI: _____ Choke Size: 14/64

Gas 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 MAHLER

Title: REGULATORY ANALYST 1 Date: 1/10/2012 CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

Att Doc Num	Name
400239097	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)