

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:

400254671

Date Received:

02/23/2012

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	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 05-123-12463-00	6. County: WELD
7. Well Name: CHRISTENSON	Well Number: 16-18
8. Location: QtrQtr: SESE Section: 18 Township: 5N Range: 63W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 01/30/2012	Date of First Production this formation: 08/20/1985
Perforations Top: 6626 Bottom: 6638	No. Holes: 45 Hole size: 0.38
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CDL REPERF (1/18/2012): 6626-6636 HOLES 40 SIZE .38 Refrac CODL down 2.875" tbg w/ pkr ^ ni w/ 252 gal 15% HCl & 205,674 gal slickwater w/ 150,000# 40/70, 4,000# 20/40.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/30/2012 Date of First Production this formation: 02/07/2012  
Perforations Top: 6362 Bottom: 6638 No. Holes: 110 Hole size: 0.38

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

NBRF-CDRF

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

**Test Information:**

Date: 02/20/2012 Hours: 24 Bbls oil: 38 Mcf Gas: 174 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 38 Mcf Gas: 174 Bbls H2O: 0 GOR: 4579  
Test Method: FLOWING Casing PSI: 600 Tubing PSI:          Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1314 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: NIOBRARA Status: COMMINGLED

Treatment Date: 01/30/2012 Date of First Production this formation: 02/07/2012  
Perforations Top: 6362 Bottom: 6539 No. Holes: 65 Hole size: 0.38

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

NB REPERF (1/18/2012): 6362-6524 HOLES 56 SIZE .38  
Refrac NBRR down 2.875" tbg w/ pkr ^ ni w/ 245,994 gal slickwater w/ 200,060# 40/70, 4,000# 20/40.

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:

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 MAHLER

Title: REGULATORY ANALYST 1 Date: 2/23/2012 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400254671	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)