

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:

400247253

Date Received:

01/31/2012

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 05-123-22777-00	6. County: WELD
7. Well Name: PSC	Well Number: 9-3
8. Location: QtrQtr: NESE Section: 3 Township: 3N Range: 67W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 08/15/2011	Date of First Production this formation: 05/24/2005
Perforations Top: 7126 Bottom: 7148	No. Holes: 66 Hole size: 0.38
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Re-Frac Codell down 4-1/2" Csg w/ 205,565 gal Slickwater w/ 150,080# 40/70, 4,000# SB Excel.	
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: 08/15/2011 Date of First Production this formation: 01/13/2012  
Perforations Top: 6842 Bottom: 7148 No. Holes: 132 Hole size: 0.38

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

CDRF-NBREC

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

**Test Information:**

Date: 01/28/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 92 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 92 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 972 Tubing PSI:          Choke Size: 64/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1335 API Gravity Oil: 55  
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: 08/15/2011 Date of First Production this formation: 01/13/2012  
Perforations Top: 6842 Bottom: 6992 No. Holes: 66 Hole size: 0.4

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

Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 251,843 gal Slickwater w/ 201,160# 40/70, 4,000# SB Excel.

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:

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: 1/31/2012 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400247253	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)