

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:

400264920

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 05-123-12462-00 6. County: WELD  
7. Well Name: CHRISTENSON Well Number: 15-18  
8. Location: QtrQtr: SWSE Section: 18 Township: 5N Range: 63W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>02/08/2012</u>	Date of First Production this formation: <u>03/06/2012</u>
Perforations Top: <u>6578</u> Bottom: <u>6590</u>	No. Holes: <u>28</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CDL REPERF (1/24/2012) 6578-6590 HOLES 24 SIZE .38 Refrac CD down tbg w/ pkr ^ ni w/ 193,746 gal slickwater w/ 150,360# 40/70, 4,000# SB Excel.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: 02/08/2012

Date of First Production this formation: 03/06/2012

Perforations Top: 6338 Bottom: 6590 No. Holes: 110 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB-CD REFRAC

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 03/18/2012 Hours: 24 Bbls oil: 7 Mcf Gas: 77 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 77 Bbls H2O: 0 GOR: 11000

Test Method: FLOWING Casing PSI: 1408 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1298 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: 02/08/2012

Date of First Production this formation: 03/06/2012

Perforations Top: 6338 Bottom: 6492 No. Holes: 82 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB REPERF (1/24/12) 6341-6476 HOLES 72 SIZE .42

Refrac NBRRR down tbg w/ pkr ^ ni w/ 252 gal 15% HCl &amp; 246,960 gal slickwater w/ 201,100# 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: Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)