

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:
400267274

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: Cindy Vue
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33806-00 6. County: WELD
 7. Well Name: JEPSEN Well Number: 23A-2
 8. Location: QtrQtr: SESW Section: 2 Township: 3N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: PIERRE Status: ABANDONED

Treatment Date: 10/04/2011 Date of First Production this formation: _____

Perforations Top: 828 Bottom: 1232 No. Holes: 132 Hole size: 0.42

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

10/4/2011 PERFORATED PIERRE SHALE
10/5-6/2011 SWABBED FOR 6 HR.
10/7/2011 SET PRODUCTION 2-3/8" TUBING @ 1212'
10/21-24/2011 SWABBED WELL, SI.

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: 2 + 3/8 Tubing Setting Depth: 1212 Tbg setting date: 10/07/2011 Packer Depth: _____

Reason for Non-Production:

PERFORATED TO FLARE GAS IN EFFORT TO REDUCE PRESSURE IN THIS WELL. SEE ATTACHED FORM 4 FOR ENTIRE INTENT OF OPERATIONS. AFTER SHUTTING IN WELL, IT HAS BEEN DECIDED THIS WELL WILL BE PLUGGED AND ABANDONED.

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: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400267279	WELLBORE DIAGRAM
400267280	OTHER
400267286	CORRESPONDENCE

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)