

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:

400268865

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 05-123-33932-00 6. County: WELD
7. Well Name: MORTON Well Number: 41-12
8. Location: QtrQtr: SWNE Section: 12 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/12/2012 Date of First Production this formation: 03/21/2012

Perforations Top: 7714 Bottom: 7732 No. Holes: 54 Hole size: 0.38

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

CD PERF 7714-7732 HOLES 54 SIZE 0.38
Frac CODL down 4.5" casing w/ 211,134 gal slickwater w/ 150,040# 40/70, 4,000# 20/40.
Broke @ 3,078 psi @ 5 bpm. ATP=4,471 psi; MTP=5,059 psi; ATR=61.1 bpm; ISDP=2,790 psi

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: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 03/12/2012

Date of First Production this formation: 03/21/2012

Perforations Top: 7526 Bottom: 7732 No. Holes: 114 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐NB PERF 7526-7604 HOLES 60 SIZE 0.42
CD PERF 7714-7732 HOLES 54 SIZE 0.38This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 03/22/2012 Hours: 24 Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0 GOR: 2000

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1157 API Gravity Oil: 48

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: 03/12/2012

Date of First Production this formation: 03/21/2012

Perforations Top: 7526 Bottom: 7604 No. Holes: 60 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐NB PERF 7526-7604 HOLES 60 SIZE 0.42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 235,662 gal slickwater w/ 200,360# 40/70, 4,000# 20/40.
Broke @ 3,052 psi @ 6 bpm. ATP=4,352 psi; MTP=4,881 psi; ATR=61.0 bpm; ISDP=2,985 psiThis 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: Cindy Vue

Title: Regulatory Analyst II

Date:

Cindy.Vue@anadarko.com

Email
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)