

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:

400252151

Date Received:

02/15/2012

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 05-123-21743-00 6. County: WELD
7. Well Name: NELSON Well Number: 1-35A
8. Location: QtrQtr: NENE Section: 35 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
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Treatment Date: <u>01/16/2012</u>	Date of First Production this formation: <u>03/22/2005</u>
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Perforations Top: <u>7640</u>	Bottom: <u>7658</u>	No. Holes: <u>54</u>	Hole size: <u>0.45</u>
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Provide a brief summary of the formation treatment: Open Hole: ☐

Re-Frac Codell down Casing w/ 203,618 gal Slickwater w/ 150,220# 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: _____
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Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
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Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
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Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
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Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 01/09/2012 Date of First Production this formation: 12/21/2005
Perforations Top: 8076 Bottom: 8110 No. Holes: 102 Hole size: 0.38

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

SAND PLUG SET @ 7800-8212

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:

SAND PLUG SET @ 7800-8212

Date formation Abandoned: 01/09/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8212 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/16/2012 Date of First Production this formation: 02/01/2012
Perforations Top: 7414 Bottom: 7658 No. Holes: 120 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: 02/12/2012 Hours: 24 Bbls oil: 2 Mcf Gas: 53 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 53 Bbls H2O: 0 GOR: 26500
Test Method: FLOWING Casing PSI: 1410 Tubing PSI: _____ Choke Size: 28/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1176 API Gravity Oil: 52
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: 01/16/2012 Date of First Production this formation: 02/01/2012

Perforations Top: 7414 Bottom: 7520 No. Holes: 66 Hole size: 0.42

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

Frac Niobrara B & C down Casing w/ 250 gal 15% HCl & 238,098 gal Slickwater w/ 199,720# 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:

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: 2/15/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400252151	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)