

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:

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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 05-123-21567-00

6. County: WELD

7. Well Name: CHIKUMA

Well Number: 1-13A

8. Location: QtrQtr: NENE Section: 13 Township: 1N

Range: 67W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 02/24/2012

Date of First Production this formation: 02/29/2012

Perforations Top: 7463 Bottom: 7478 No. Holes: 66 Hole size: 0.43

Provide a brief summary of the formation treatment:

Open Hole: ☐

CDL REPERF (12/27/11) 7464-7478 HOLES 14 SIZE .43

Refrac CODL down 4.5" casing w/ 257,754 gal slickwater w/ 207,520# 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: _____

FORMATION: J-NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 02/24/2012

Date of First Production this formation: 02/29/2012

Perforations Top: 7114 Bottom: 7943 No. Holes: 274 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

CDRF

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

Date: 03/31/2012 Hours: 24 Bbls oil: 1 Mcf Gas: 9 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 1 Mcf Gas: 9 Bbls H2O: 0 GOR: 9000

Test Method: FLOWING Casing PSI: 1182 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 49

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:

CHOKE N/A. NO WBD

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

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

Total: 0 comment(s)