

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:

400270751

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 05-069-06411-00

6. County: LARIMER

7. Well Name: MIRACLE

Well Number: 14-12

8. Location: QtrQtr: NWSE Section: 12 Township: 5N Range: 68W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 03/08/2012

Date of First Production this formation: 03/14/2012

Perforations Top: 7616 Bottom: 7636 No. Holes: 60 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

CD PERF 7616-7636 HOLES 60 SIZE 0.38
Frac CODL down 4.5" casing w/ 131,334 gal amp w/ 220,800# 20/40, 4,000# SB Excel.
Broke @ 2,683 psi @ 2.6 bpm. ATP=3,258 psi; MTP=3,553 psi; ATR=20.3 bpm; ISDP=2,837 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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 02/10/2012 Date of First Production this formation: 06/20/2011

Perforations Top: 8081 Bottom: 8118 No. Holes: 66 Hole size: 0.42

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

SET SAND PLUG AT 7800' OVER JSND FOR NB/CD RECOMPLETE.

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:

SET SAND PLUG AT 7800' TO COVER JSND FOR NB/CD RECOMPLETE.

Date formation Abandoned: 02/10/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/08/2012 Date of First Production this formation: 03/14/2012

Perforations Top: 7293 Bottom: 7636 No. Holes: 90 Hole size: 0.42

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

NB PERF 7293-7303 HOLES 30 SIZE 0.42
CD PERF 7616-7636 HOLES 60 SIZE 0.38

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 03/14/2012 Hours: 24 Bbls oil: 25 Mcf Gas: 50 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 50 Bbls H2O: 0 GOR: 2000

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1256 API Gravity Oil: 45

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: 03/08/2012 Date of First Production this formation: 03/14/2012

Perforations Top: 7293 Bottom: 7303 No. Holes: 30 Hole size: 0.42

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

NB PERF 7293-7303 HOLES 30 SIZE 0.42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 170,646 gal amp w/ 251,000# 20/40, 4,000# SB Excel.
Broke @ 2,961 psi @ 1 bpm. ATP=4,485 psi; MTP=5,155 psi; ATR=49.0 bpm; ISDP=2,830 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: _____

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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)