

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: 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 05-123-23200-00 6. County: WELD
 7. Well Name: CLYNCKE Well Number: 19-12
 8. Location: QtrQtr: SESW Section: 12 Township: 3N 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: 11/23/2005
 Perforations Top: 7312 Bottom: 7332 No. Holes: 60 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Refrac CODL down 4.5" casing w/ 191,436 gal slickwater w/ 150,160# 40/70, 4,000# 20/40.
 Broke @ 3,144 psi @ 10.7 bpm. ATP=4,879 psi; MTP=5,126 psi; ATR=63.5 bpm; ISDP=3,350 psi
 Return to production 3/21/2012 after Refrac.

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: 01/16/2012 Date of First Production this formation: 12/01/2010

Perforations Top: 7758 Bottom: 7810 No. Holes: 76 Hole size: 0.38

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

Set 2900# 20/40 sand plug at 7528' for CODL Refrac.

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 2900# 20/40 sand plug at 7528' for CODL Refrac.

Date formation Abandoned: 01/16/2012 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/24/2012 Date of First Production this formation: 10/31/2007

Perforations Top: 7064 Bottom: 7332 No. Holes: 176 Hole size: 0.38

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

NB PERF 7064-7190 HOLES 116 SIZE 0.42
CD PERF 7312-7332 HOLES 60 SIZE 0.38
Return to production on 3/21/2012 after CODL Refrac.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/11/2012 Hours: 24 Bbls oil: 5 Mcf Gas: 75 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 75 Bbls H2O: 0 GOR: 15213

Test Method: FLOWING Casing PSI: 534 Tubing PSI: 488 Choke Size: 34/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1214 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7286 Tbg setting date: 03/07/2012 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)