

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:

400275243

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 05-123-24275-00 6. County: WELD
7. Well Name: BEIN Well Number: 3-18
8. Location: QtrQtr: NENW Section: 18 Township: 4N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/21/2012 Date of First Production this formation: 05/10/2007

Perforations Top: 7129 Bottom: 7149 No. Holes: 60 Hole size: 0.45

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

Refrac CODL down 4.5" casing w/ 203,280 gal slickwater w/ 150,000# 40/70, 4,000# 20/40.
Broke @ 2,031 psi @ 6.1 bpm. ATP=4,412 psi; MTP=4,585 psi; ATR=61.4 bpm; ISDP=2,827 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: 03/21/2012

Date of First Production this formation: 03/28/2012

Perforations Top: 6810 Bottom: 7149 No. Holes: 122 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐NB PERF 6810-6992 HOLES 62 SIZE 0.42
CD PERF 7129-7149 HOLES 60 SIZE 0.45This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 03/30/2012 Hours: 24 Bbls oil: 90 Mcf Gas: 70 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 90 Mcf Gas: 70 Bbls H2O: 0 GOR: 778

Test Method: FLOWING Casing PSI: 1400 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1278 API Gravity Oil: 50

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: 03/21/2012

Date of First Production this formation: 03/28/2012

Perforations Top: 6810 Bottom: 6992 No. Holes: 62 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐Frac NBRR down 4.5" casing w/ 500 gal 15% HCl & 248,346 gal slickwater w/ 200,280# 40/70, 4,000# 20/40.
Broke @ 5,102 psi @ 5.2 bpm. ATP=4,228 psi; MTP=5,111 psi; ATR=61.4 bpm; ISDP=2,842 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: _____

Email: Cindy.Vue@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)