

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400281063

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 05-123-23333-00

6. County: WELD

7. Well Name: GRAZNAK

Well Number: 19-11

8. Location: QtrQtr: SESW Section: 11

Township: 3N

Range: 66W

Meridian: 6

9. Field Name: Field Code:

### Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 04/02/2012

Date of First Production this formation: 05/08/2006

Perforations Top: 7364 Bottom: 7381 No. Holes: 51 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

4/2/2012 -Refrac CD down 4.5" casing w/ 261,282 gal slickwater w/ 207,540# 40/70, 4,000# 20/40.  
Broke @ 3,774 psi @ 10.9 bpm. ATP=4,952 psi; MTP=5,217 psi; ATR=57.9 bpm; ISDP=3,750 psi  
4/9/2012 -RETURN WELL DOWNLINE WITH NB/CD PRODUCTION AFTER CODELL 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: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 04/02/2012

Date of First Production this formation: 04/17/2008

Perforations Top: 7138 Bottom: 7381 No. Holes: 171 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 7138-7148 HOLES 120 SIZE 0.42  
CD PERF 7364-7381 HOLES 51 SIZE 0.38  
4/9/2012 -RETURN WELL DOWNLINE WITH NB/CD PRODUCTION AFTER CODELL REFRAC

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

Date: 05/03/2012 Hours: 24 Bbls oil: 4 Mcf Gas: 103 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 4 Mcf Gas: 103 Bbls H2O: 0 GOR: 25750

Test Method: FLOWING Casing PSI: 1225 Tubing PSI: 1225 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1227 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7340 Tbg setting date: 04/19/2012 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: \_\_\_\_\_

Email Cindy.Vue@anadarko.com

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### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)