

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:

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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 05-123-14386-00 6. County: WELD  
7. Well Name: UPRR 41 PAN AM UNIT "H" Well Number: 1  
8. Location: QtrQtr: NESE Section: 23 Township: 3N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/14/2012 Date of First Production this formation: 04/11/2012

Perforations Top: 7324 Bottom: 7344 No. Holes: 60 Hole size: 0.38

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

CD PERF 7324-7344 HOLES 60 SIZE 0.38  
Frac CODL down 3.5" tbg w/ pkr ^ ni w/ 202,482 gal slickwater w/ 150,960# 40/70, 4,000# SB Excel.  
Broke @ 2,505 psi @ 3.1 bpm. ATP=6,052 psi; MTP=6,973 psi; ATR=41.0 bpm; ISDP=2,927 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: 02/29/2012 Date of First Production this formation: 10/17/1990

Perforations Top: 7766 Bottom: 7810 No. Holes: 176 Hole size: 0.5

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

SET CIBP @ 7490' W/ 2 SKS SAND ON PLUG 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 CIBP @ 7490' W/ 2 SKS SAND ON PLUG FOR NB/CD RECOMPLETE.

Date formation Abandoned: 02/29/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7490 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/14/2012 Date of First Production this formation: 04/11/2012

Perforations Top: 7092 Bottom: 7344 No. Holes: 126 Hole size: 0.38

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

NB PERF 7092-7202 HOLES 66 SIZE 0.42  
CD PERF 7324-7344 HOLES 60 SIZE 0.38

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

**Test Information:**

Date: 04/25/2012 Hours: 24 Bbls oil: 30 Mcf Gas: 100 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 30 Mcf Gas: 100 Bbls H2O: 0 GOR: 3333

Test Method: FLOWING Casing PSI: 400 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/14/2012 Date of First Production this formation: 04/11/2012

Perforations Top: 7092 Bottom: 7202 No. Holes: 66 Hole size: 0.42

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

NB PERF 7092-7202 HOLES 66 SIZE 0.42

Frac NBRR down 3.5" tbg w/ pkr ^ ni w/ 237,720 gal slickwater w/ 201,100# 40/70, 4,000# SB Excel.

Broke @ 3,098 psi @ 1 bpm. ATP=6,022 psi; MTP=6,855 psi; ATR=40.1 bpm; ISDP=3,364 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

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Att Doc Num	Name

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