

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:

400258271

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: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-21067-00 6. County: WELD
7. Well Name: SCHRINER Well Number: 11-5
8. Location: QtrQtr: NESW Section: 5 Township: 1N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 02/15/2012 Date of First Production this formation: 02/28/2007

Perforations Top: 7766 Bottom: 7786 No. Holes: 60 Hole size: 0.38

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

Refrac CODL down 4.5" casing w/ 263,088 gal slickwater w/ 207,540# 40/70, 4,000# 20/40.

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: 02/07/2007 Date of First Production this formation: 07/26/2006

Perforations Top: 8206 Bottom: 8226 No. Holes: 100 Hole size: 0.38

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

SAND PLUG SET @ 8000-8225

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:

SAND PLUG SET @ 8000-8225

Date formation Abandoned: 02/07/2007 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8000 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/15/2012 Date of First Production this formation: 02/28/2007

Perforations Top: 7419 Bottom: 7786 No. Holes: 60 Hole size: _____

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

CD REFRAC. RETURNED DOWNLINE ON 2/22/2012.

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

Test Information:

Date: 03/08/2012 Hours: 24 Bbls oil: 2 Mcf Gas: 36 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 36 Bbls H2O: 0 GOR: 18000

Test Method: FLOWING Casing PSI: 368 Tubing PSI: 320 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1198 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7719 Tbg setting date: 02/27/2012 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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ Email: CARA.MAHLER@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)