

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 05-123-20956-00 6. County: WELD
 7. Well Name: GARDNER Well Number: 12-11A
 8. Location: QtrQtr: NWSW Section: 11 Township: 2N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/20/2012 Date of First Production this formation: 01/11/2006

Perforations Top: 7477 Bottom: 7496 No. Holes: 57 Hole size: 0.45

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

CD PERF 7477-7496 HOLES 57 SIZE 0.45
4/20/2012 -Refrac CODL down 4.5" casing w/ 206,165 gal slickwater w/ 150,000# 40/70, 4,000# SB Excel. Broke @ 0 psi @ 0 bpm.
ATP=4,806 psi; MTP=5,149 psi; ATR=59.1 bpm; ISDP=3,198 psi
5/03/2012 -RWTP UP CSG AFTER CD RF NB REC. JSND UNDER PLUG.

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: 04/13/2012 Date of First Production this formation: 07/25/2002

Perforations Top: 7915 Bottom: 7960 No. Holes: 76 Hole size: 0.35

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

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 SAND PLUG @ 7650' FOR CODELL REFRAC AND NIOBRARA RECOMPLETE

Date formation Abandoned: 04/13/2012 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/20/2012 Date of First Production this formation: 05/03/2012

Perforations Top: 7262 Bottom: 7346 No. Holes: 117 Hole size: 0.42

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

NB PERF 7262-7346 HOLES 60 SIZE 0.42
CD PERF 7477-7496 HOLES 57 SIZE 0.45

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/04/2012 Hours: 24 Bbls oil: 20 Mcf Gas: 120 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 20 Mcf Gas: 120 Bbls H2O: 0 GOR: 6000

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1203 API Gravity Oil: 47

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: 04/20/2012 Date of First Production this formation: 05/03/2012
Perforations Top: 7262 Bottom: 7346 No. Holes: 60 Hole size: 0.42

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

NB PERF 7262-7346 HOLES 60 SIZE 0.42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 236,540 gal slickwater w/ 200,280# 40/70, 4,000# SB Excel. Broke @ 3,439 psi @ 3.7 bpm. ATP=4,526 psi; MTP=5,126 psi; ATR=59.7 bpm; ISDP=3,282 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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)