

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: JOEL MALEFYT
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP	Phone: (720) 929-6828
3. Address: P O BOX 173779	Fax: (720) 929-7828
City: DENVER State: CO Zip: 80217-	

5. API Number 05-123-33799-00	6. County: WELD
7. Well Name: STREAR	Well Number: 39-10
8. Location: QtrQtr: SESE Section: 10 Township: 2N Range: 67W Meridian: 6	
9. Field Name:	Field Code:

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 04/09/2012	Date of First Production this formation: 04/25/2012
Perforations Top: 7658 Bottom: 7676	No. Holes: 54 Hole size: 0.38
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
PERF CODL 7658-7676 HOLES 54 SIZE .38 Frac CODL down 4.5" casing w/ 194,292 gal slickwater w/ 151,660# 40/70, 4,000# SB Excel. Broke @ 3,814 psi @ 5 bpm. ATP=4,477 psi; MTP=5,521 psi; ATR=61.0 bpm; ISDP=3,098 psi	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:	

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 04/09/2012

Date of First Production this formation: 04/25/2012

Perforations Top: 7436 Bottom: 7676 No. Holes: 114 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐PERF NBRR 7436-7528 HOLES 60 SIZE .42
PERF CODL 7658-7676 HOLES 54 SIZE .38This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 04/26/2012 Hours: 24 Bbls oil: 20 Mcf Gas: 208 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 208 Bbls H2O: 0 GOR: 10400

Test Method: FLOWING Casing PSI: 1964 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1129 API Gravity Oil: 46

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: 04/09/2012

Date of First Production this formation: 04/25/2012

Perforations Top: 7436 Bottom: 7528 No. Holes: 60 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐PERF NBRR 7436-7528 HOLES 60 SIZE .42
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 238,478 gal slickwater w/ 201,060# 40/70, 4,000# SB Excel.
Broke @ 3,064 psi @ 1.6 bpm. ATP=4,720 psi; MTP=5,145 psi; ATR=61.0 bpm; ISDP=3,310 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: JOEL MALEFYT

Title: REGULATORY ANALYST

Date:

JOEL.MALEFYT@ANADARKO.COM

Email
:

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)