

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

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

5. API Number 05-123-07738-00
6. County: WELD
7. Well Name: RAYMOND SARCHET UNIT B
Well Number: 1
8. Location: QtrQtr: SESW Section: 11 Township: 2N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/24/2012 End Date: 04/24/2012 Date of First Production this formation: 05/14/2012

Perforations Top: 7482 Bottom: 7494 No. Holes: 48 Hole size: 0.38

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

Refrac CODL down 2.875" tbg w/ pkr ^ cd w/ 205,296 gal slickwater w/ 150,020# 40/70, 4,000# 20/40.
Broke @ 3,377 psi @ 4.5 bpm. ATP=6,115 psi; MTP=6,651 psi; ATR=22.7 bpm; ISDP=3,414 psi

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

Total fluid used in treatment (bbl): 4888 Max pressure during treatment (psi): 6651

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Max frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 154020 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/15/2012 Hours: 24 Bbl oil: 10 Mcf Gas: 54 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 54 Bbl H2O: 0 GOR: 5400

Test Method: FLOWING Casing PSI: 871 Tubing PSI: 804 Choke Size:

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1182 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 01/24/1975
Perforations Top: 7909 Bottom: 7950 No. Holes: 32 Hole size: 0.39
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

SET CIBP 7526 WITH 2 SKS OF CMT

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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: TO REFRAC AND PRODUCE CODL
Date formation Abandoned: 04/17/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____
** Bridge Plug Depth: 7526 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

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: _____ Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)