

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:

400286481

Date Received:

05/18/2012

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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____
Treatment Date: 04/20/2012 End Date: _____ 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

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: _____

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: 04/13/2012		End Date: _____		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: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: SET SAND PLUG @ 7650' FOR CODELL REFRAC AND NIOBRARA RECOMPLETE					
Date formation Abandoned: 04/13/2012		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, number of sacks cmt _____	
** Bridge Plug Depth: 7650		** Sacks cement on top: _____		** Wireline and Cement Job Summary must be attached.	

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 04/20/2012 End Date: _____ 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

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: 05/04/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 120 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 120 Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____
 Treatment Date: 04/20/2012 End Date: _____ 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
 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: _____

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.

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: 5/18/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400286481	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	added bridge plug depth.	8/16/2012 2:56:05 PM

Total: 1 comment(s)