

FORM  
5ARev  
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



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Document Number:

400541133

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: REBECCA HEIM  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6361  
 3. Address: P O BOX 173779 Fax: (720) 929-7361  
 City: DENVER State: CO Zip: 80217- Email: REBECCA.HEIM@ANADARKO.COM

5. API Number 05-123-21953-00 6. County: WELD  
 7. Well Name: STREAR Well Number: 6-15  
 8. Location: QtrQtr: SENW Section: 15 Township: 2N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_  
 Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 08/31/2009  
 Perforations Top: 7318 Bottom: 7598 No. Holes: 97 Hole size: 0.31

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set CIBP @ 7290' and pump 30 sks cement from 6240' - 7280'

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: \_\_\_\_\_

Min 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: T&ADate formation Abandoned: 12/21/2013 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_\*\* Bridge Plug Depth: 7290 \*\* Sacks cement on top: 30 \*\* Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: REBECCA HEIM

Title: REGULATORY ANALYST II

Date: \_\_\_\_\_

Email RSCDJPOSTDRILL@ANADARKO.COM  
:

### **Attachment Check List**

**Att Doc Num**

**Name**

400541136	CEMENT JOB SUMMARY
400541137	WIRELINE JOB SUMMARY

Total Attach: 2 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)