

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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**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: 80217-37  
4. Contact Name: Cindy Vue  
Phone: (720) 929-6832  
Fax: (720) 929-7832

5. API Number 05-123-21509-00  
6. County: WELD  
7. Well Name: SPARBOE  
Well Number: 9-35A  
8. Location: QtrQtr: NESE Section: 35 Township: 2N Range: 65W Meridian: 6

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/10/2010 Date of First Production this formation: 08/18/2010  
Perforations Top: 7666 Bottom: 7698 No. Holes: 73 Hole size: 0.45

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

Drill out sand plug set @ 7400' to commingle JSND w/ NB-CD.

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

**Test Information:**

Date: 09/05/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 43 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 43 Bbls H2O: 0 GOR: 14334  
Test Method: FLOWING Casing PSI: 761 Tubing PSI: 680 Choke Size: 30/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1217 API Gravity Oil: 46  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7629 Tbg setting date: 08/10/2010 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: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>08/18/2010</u>		Date of First Production this formation: <u>06/23/2009</u>			
Perforations	Top: <u>6879</u>	Bottom: <u>7217</u>	No. Holes: <u>121</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NBRR Perf 6879-7064 Holes 57 Size 0.42 No additional treatment.			CODL Perf 7201-7217 Holes 64 Size 0.38		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>09/05/2010</u>	Hours: <u>24</u>	Bbls oil: <u>5</u>	Mcf Gas: <u>5</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>5</u>	Mcf Gas: <u>5</u>	Bbls H2O: <u>0</u>	GOR: <u>1000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>761</u>	Tubing PSI: <u>680</u>	Choke Size: <u>30/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1217</u>	API Gravity Oil: <u>46</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7629</u>	Tbg setting date: <u>08/10/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: _____			

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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_