

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:

400214665

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: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-21113-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BLUFFS</u>	Well Number: <u>8-5A</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>5</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 08/22/2011 Date of First Production this formation: 11/12/2002
Perforations Top: 7834 Bottom: 7898 No. Holes: 108 Hole size: 0.34

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

SET SAND PLUG @ 7620-7947

This 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: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

SET SAND PLUG @ 7620-7947

Date formation Abandoned: 08/22/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7947 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/14/2011 Date of First Production this formation: 09/23/2011
Perforations Top: 7164 Bottom: 7406 No. Holes: 136 Hole size: 0.42

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

CDL PERF: 7390-7406 HOLES 64 SIZE .38 NB PERF: 7164-7252 HOLES 72 SIZE .42
Frac Codell down 4-1/2" Csg w/ 204,162 gal Slickwater w/ 150,860# 40/70, 4,000# SB Excel, 0# .
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 246,960 gal Slickwater w/ 204,920# 40/70, 4,000# SB Excel, 0# .

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

Test Information:

Date: 10/06/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 178 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 7 Mcf Gas: 178 Bbls H2O: 0 GOR: 25429
Test Method: FLOWING Casing PSI: 764 Tubing PSI: _____ Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 API Gravity Oil: 54
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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ CARA.MAHLER@ANADARKO.COM

Email
:

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: _____

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)