

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 05-123-15650-00  
6. County: WELD  
7. Well Name: FORT SAINT VRAIN  
Well Number: 20  
8. Location: QtrQtr: NWSE Section: 9 Township: 3N Range: 67W Meridian: 6

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 05/25/2010 Date of First Production this formation: 07/04/1992  
Perforations Top: 7098 Bottom: 7118 No. Holes: 70 Hole size: 0.38

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

Set RBP @ 7025' w/ 2 sacks of sand for mechanical integrity.

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: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

CODL temporarily abandoned for NBRR recomple.

Date formation Abandoned: 05/25/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7025 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 06/07/2010 Date of First Production this formation: 08/16/2010

Perforations Top: 6838 Bottom: 6982 No. Holes: 44 Hole size: 0.4

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

Frac NBRR w/ 500 gal 15% HCl & 168,995 gal Super Z LpH Hybrid & 250,020# 20/40 sand & 4,000# SB Excel.

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

**Test Information:**

Date: 08/19/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 117 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 117 Bbls H2O: 0 GOR: 2925

Test Method: FLOWING Casing PSI: 347 Tubing PSI:          Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1232 API Gravity Oil: 40

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: Cindy Vue

Title: Regulatory Analyst II Date:          Email Cindy.Vue@anadarko.com

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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: