

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 4. Contact Name: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-24074-00 6. County: WELD  
7. Well Name: UIV Well Number: 6-20  
8. Location: QtrQtr: SENW Section: 20 Township: 5N Range: 67W Meridian: 6

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>08/05/2010</u>	Date of First Production this formation: <u>08/19/2010</u>
Perforations Top: <u>7152</u> Bottom: <u>7174</u>	No. Holes: <u>86</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Reperf CODL 7154-7164 Holes 20 Size 0.38. Refrac CODL w/ 210,372 gal SW & 151,880# 40/70 sand & 4,000# 20/40 SB Excel.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	
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: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/05/2010</u>		Date of First Production this formation: <u>08/19/2010</u>	
Perforations	Top: <u>6832</u> Bottom: <u>7174</u>	No. Holes: <u>152</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">           NBRR Perf 6832-7050 Holes 66 Size 0.42      CODL Perf 7152-7174 Holes 86 Size 0.38         </div>			
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>17</u>	Mcf Gas: <u>72</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>17</u>	Mcf Gas: <u>72</u> Bbls H2O: <u>0</u> GOR: <u>4235</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>894</u>	Tubing PSI: <u>595</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1281</u>	API Gravity Oil: <u>49</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7137</u>	Tbg setting date: <u>08/12/2010</u>	Packer Depth: _____
Reason for Non-Production:			
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: _____	

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>08/05/2010</u>		Date of First Production this formation: <u>08/19/2010</u>	
Perforations	Top: <u>6832</u> Bottom: <u>7050</u>	No. Holes: <u>66</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">           Frac NBRR w/ 250 gal 15% HCl &amp; 251,758 gal SW &amp; 201,120# 40/70 sand &amp; 4,000# 20/40 SB Excel.         </div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Test Information:</b>			
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:			
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

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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: \_\_\_\_\_