

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 05-123-21110-00
6. County: WELD
7. Well Name: MILLER
Well Number: 6-33A
8. Location: QtrQtr: SENW Section: 33 Township: 3N Range: 66W Meridian: 6

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 08/03/2010 Date of First Production this formation: 12/20/2002
Perforations Top: 7838 Bottom: 7906 No. Holes: 108 Hole size: 0.45

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

Set sand plug @ 7580'.

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:

JSND temporarily abandoned for NB-CD refrac.

Date formation Abandoned: 08/03/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7580 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/13/2010 Date of First Production this formation: 08/20/2010

Perforations Top: 7132 Bottom: 7430 No. Holes: 179 Hole size: 0.38

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

NBRR Perf 7132-7330 Holes 87 Size 0.42 CODL Perf 7414-7430 Holes 92 Size 0.38
Reperf NBRR 7132-7330 Holes 36 Size 0.42.
Refrac NBRR w/ 250 gal 15% HCl & 250,847 gal SW & 201,440# 40/70 sand & 4,240# SB Excel.
Reperf CODL 7414-7430 Holes 32 Size 0.38.
Refrac CODL w/ 201,545 gal SW & 150,040# 40/70 sand & 4,040# SB Excel.

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

Test Information:

Date: 09/04/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 85 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 15 Mcf Gas: 85 Bbls H2O: 0 GOR: 5667

Test Method: FLOWING Casing PSI: 948 Tubing PSI: _____ Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1365 API Gravity Oil: 50

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: _____