

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 05-123-23905-00 6. County: WELD
7. Well Name: RURAL Well Number: 29-31
8. Location: QtrQtr: NWNW Section: 31 Township: 4N Range: 65W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/20/2010 Date of First Production this formation: 07/26/2006
Perforations Top: 7038 Bottom: 7349 No. Holes: 160 Hole size: 0.38

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

NBRR Perf 7038-7220 Holes 104 Size 0.42 CODL Perf 7335-7349 Holes 56 Size 0.38
Refrac NBRR w/ 252 gal 15% HCl & 246,918 gal SW & 200,260# 40/70 sand & 4,460# SB Excel.
Refrac CODL w/ 165,291 gal SW & 116,280# 40/70 sand & 4,420# SB Excel.
Well returned to production 8/24/10 after NB-CD refrac.

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

Test Information:

Date: 09/03/2010 Hours: 24 Bbls oil: 32 Mcf Gas: 582 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 32 Mcf Gas: 582 Bbls H2O: 0 GOR: 18188
Test Method: FLOWING Casing PSI: 2200 Tubing PSI: Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 63
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: _____