

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



DE	ET	OE	ES
----	----	----	----

Document Number:

1667525

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) 929-6000
3. Address: P O BOX 173779 Fax: (720) 929-7461
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-07860-00 6. County: WELD
7. Well Name: DONALD K.NORGREN UNIT B Well Number: 1
8. Location: QtrQtr: NENE Section: 24 Township: 3N Range: 67W Meridian: 6

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/04/2010</u>		Date of First Production this formation: <u>03/12/2010</u>	
Perforations	Top: <u>7036</u> Bottom: <u>7318</u>	No. Holes: <u>118</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>NB PERF 7036-7173 HOLES 64 SIZE 0.42 CD PERF 7300-7318 HOLES 54 SIZE 0.38</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>03/27/2010</u>	Hours: <u>24</u>	Bbls oil: <u>19</u>	Mcf Gas: <u>67</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>19</u>	Mcf Gas: <u>67</u> Bbls H2O: <u>0</u> GOR: <u>3526</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: <u></u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1220</u>	API Gravity Oil: <u>50</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7269</u>	Tbg setting date: <u>03/04/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/04/2010 Date of First Production this formation: 03/12/2010

Perforations Top: 7036 Bottom: 7173 No. Holes: 64 Hole size: 42/100

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

NO ADDITIONAL TREATMENT. COMMINGLED WITH CODELL.

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: _____

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: Y Print Name: CINDY VUE

Title: REGULATORY ANALYST I Date: 4/1/2010 Email CINDY.VUE@ANADARKO.COM

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: David S. Neslin Director of COGCC Date: 9/15/2010