

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:

2554342

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 05-123-30645-00 6. County: WELD
7. Well Name: NELSON Well Number: 6-35
8. Location: QtrQtr: SENW Section: 35 Township: 2N Range: 68W Meridian: 6

Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING
Treatment Date: 04/22/2010 Date of First Production this formation: 05/06/2010
Perforations Top: 7432 Bottom: 7750 No. Holes: 126 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole: ☐
NB PERF 7432-7600 HOLES 66 SIZE 0.47 CD PERF 7730-7750 HOLES 60 SIZE 0.38 FRAC NB W/504 GAL 15% HCL & 253,512 GAL SW W/201,660# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/206,136 GAL SW W/151,160# 40/70 & 4,000# 20/40 SB EXCEL.

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

Test Information:

Date: 05/17/2010 Hours: 24 Bbls oil: 24 Mcf Gas: 51 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 51 Bbls H2O: 0 GOR: 2125
Test Method: FLOWING Casing PSI: 1250 Tubing PSI: Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 47
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: 5/19/2010 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: 9/17/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554342	FORM 5A SUBMITTED	LF@2495031 2554342

Total Attach: 1 Files