

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

COMPLETED INTERVAL REPORT

Document Number:

2554346

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 05-123-30644-00 6. County: WELD  
7. Well Name: NELSON Well Number: 3-35  
8. Location: QtrQtr: SENW Section: 35 Township: 2N Range: 68W Meridian: 6

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING  
Treatment Date: 04/19/2010 Date of First Production this formation: 05/06/2010  
Perforations Top: 7404 Bottom: 7724 No. Holes: 142 Hole size: 38/100  
Provide a brief summary of the formation treatment: Open Hole:   
NB PERF 7404-7588 HOLES 72 SIZE 0.47 CD PERF 7704-7724 HOLES 60 SIZE 1.38 FRAC NB W/500 GAL 15% HCL & 253,070 GAL SW W/200,100# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/198,136 GAL SW W/1500,000# 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: 61 Mcf Gas: 132 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 61 Mcf Gas: 132 Bbls H2O: 0 GOR: 2164  
Test Method: FLOWING Casing PSI: 1800 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
2554346	FORM 5A SUBMITTED	LF@2495027 2554346

Total Attach: 1 Files