

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:

2554350

## 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      05-123-30648-00

6. County: WELD

7. Well Name: NELSON

Well Number: 4-35

8. Location: QtrQtr: SENW Section: 35 Township: 2N Range: 68W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 04/26/2010

Date of First Production this formation: 05/05/2010

Perforations	Top:	7448	Bottom:	7766	No. Holes:	120	Hole size:	38/100
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Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 7448-7626 HOLES 60 SIZE 0.47. CD PERF 7746-7766 HOLES 60 SIZE 0.38. FRAC NB W/500 GAL 15% HC1 & 256,078 GAL SW W/204,250# 30/50 & 4,000# 20/40 SB EXCEL. FRAC CD W/207,732 GAL SW W/150,220# 30/50 & 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:	7	Mcf Gas:	15	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	7	Mcf Gas:	15	Bbls H2O:	0	GOR:	2143
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Test Method: FLOWING	Casing PSI: 1800	Tubing PSI:	Choke Size: 10/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1297	API Gravity Oil:	47
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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
2554350	FORM 5A SUBMITTED	LF @ 2495023 2554350

Total Attach: 1 Files