

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:

2554307

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 05-123-30772-00

6. County: WELD

7. Well Name: BELLA FEDERAL

Well Number: 24-7

8. Location: QtrQtr: SESE Section: 7 Township: 3N Range: 66W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 03/22/2010

Date of First Production this formation: 05/03/2010

Perforations	Top:	7392	Bottom:	7662	No. Holes:	126	Hole size:	38/100
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Provide a brief summary of the formation treatment:

Open Hole: ☐

NBRR PERF 7392-7554 HOLES 62 SIZE 0.38. CODL PERF 7646-7662 HOLES 64 SIZE 0.38. FRAC NBRR W/500 GAL 15% HC1 & 249,224 GAL SW W/201,380# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CODL W/207,380 GAL SW W/151,460# 40/70 & 4,000# 20/40 SB EXCEL.

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

Test Information:

Date:	05/14/2010	Hours:	Bbls oil:	Mcf Gas:	Bbls H2O:
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Calculated 24 hour rate:	Bbls oil:	78	Mcf Gas:	804	Bbls H2O:	0	GOR:	10308
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Test Method: FLOWING	Casing PSI: 0	Tubing PSI: 0	Choke Size: 0
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1247	API Gravity Oil:	56
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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: 5/18/2010 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
2554307	FORM 5A SUBMITTED	LF@2495054 2554307

Total Attach: 1 Files