

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:

2554388

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 05-123-30392-00 6. County: WELD
7. Well Name: WEICHEL Well Number: 6-14
8. Location: QtrQtr: SENW Section: 14 Township: 2N Range: 65W Meridian: 6

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED

Treatment Date: 09/24/2009 Date of First Production this formation: _____
Perforations Top: 7892 Bottom: 7912 No. Holes: 80 Hole size: 38/100

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

FRAC DKTA W/ 7,602 GAL PURGEL 65 QUALITY N2 & 3,000# SAND & 43,700# 20/40 OTTAWA. DKTA NEVER PRODUCED.
SET CIBP @ 7760 W/ 2 SACKS OF CEMENT ON TO FOR MECHANICAL INTEGRITY.

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:

DKTA NEVER PRODUCED.

Date formation Abandoned: 11/11/2009 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7760 Sacks cement on top: 2

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/12/2009 Date of First Production this formation: 11/30/2009

Perforations Top: 6894 Bottom: 7146 No. Holes: 114 Hole size: 40/100

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

NBRR PERF 6894-7005 HOLES 60 SIZE 0.38. CODL PERF 7128-7146 HOLES 54 SIZE 0.40. FRAC NBRR W/500 GAL 15% HC1 & 234,280 GAL SW & 200,250# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CODL W/201,684 GAL SW W/150,320# 40/70 & 4,000# 20/40 SB EXCEL.

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

Test Information:

Date: 04/28/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 56 Bbls H2O: 0 GOR: 3111

Test Method: FLOWING Casing PSI: 1082 Tubing PSI: 252 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1175 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7098 Tbg setting date: 04/14/2010 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 G. Neslin Director of COGCC Date: 9/20/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554388	FORM 5A SUBMITTED	LF@2494901 2554388

Total Attach: 1 Files