

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:

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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 05-123-22394-00 6. County: WELD
7. Well Name: PSC Well Number: 11-3
8. Location: QtrQtr: NESW Section: 3 Township: 3N Range: 67W Meridian: 6

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 08/13/2010 Date of First Production this formation: 10/16/2005
Perforations Top: 7554 Bottom: 7600 No. Holes: 114 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set sand plug @ 7367'.

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:

JSND temporarily abandoned for NB-CD refrac.

Date formation Abandoned: 08/13/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7367 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/23/2010 Date of First Production this formation: 09/02/2010

Perforations Top: 6822 Bottom: 7124 No. Holes: 168 Hole size: 0.42

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

NBRR Perf 6822-6966 Holes 84 Size 0.42 CODL Perf 7102-7124 Holes 84 Size 0.42
Reperf NBRR 6832-6966 Holes 62 Size 0.42.
Refrac NBRR w/ 250 gal 15% HCl & 244,198 gal SW & 201,360# 40/70 sand & 4,000# SB Excel.
Reperf CODL 7102-7124 Holes 44 Size 0.42.
Refrac CODL w/ 122,308 gal Super Z LpH & 261,880# 20/40 sand & 4,000# SB Excel.

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

Test Information:

Date: 09/06/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 58 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 1 Mcf Gas: 58 Bbls H2O: 0 GOR: 58000

Test Method: FLOWING Casing PSI: 1832 Tubing PSI: 1493 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1279 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7076 Tbg setting date: 08/27/2010 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: _____ Email Cindy.Vue@anadarko.com

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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: _____ Director of COGCC Date: _____