

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:

400095406

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-21054-00
6. County: WELD
7. Well Name: DUKE STATE
Well Number: 5-36A
8. Location: QtrQtr: SWNW Section: 36 Township: 2N Range: 68W Meridian: 6

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 08/31/2010 Date of First Production this formation: 09/15/2010
Perforations Top: 7682 Bottom: 7700 No. Holes: 105 Hole size: 0.38

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

Reperf CODL 7682-7700 Holes 54 Size 0.42.
Refrac CODL w/ 268,800 gal SW & 208,140# 40/70 sand & 4,060# SB Excel.

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:

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

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: <u>J SAND</u>			Status: <u>TEMPORARILY ABANDONED</u>		
Treatment Date: <u>08/17/2010</u>		Date of First Production this formation: <u>11/19/2002</u>			
Perforations	Top: <u>8124</u>	Bottom: <u>8148</u>	No. Holes: <u>96</u>	Hole size: <u>0.45</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Set sand plug @ 7920'. </div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:					
<div style="border: 1px solid black; padding: 2px;">JSND temporarily abandoned for CODL refrac. </div>					
Date formation Abandoned: <u>08/17/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: <u>7920</u>		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>08/31/2010</u>		Date of First Production this formation: <u>09/15/2010</u>			
Perforations	Top: <u>7462</u>	Bottom: <u>7700</u>	No. Holes: <u>165</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">NBRR Perf 7462-7562 Holes 60 Size 0.42 CODL Perf 7682-7700 Holes 105 Size 0.38 </div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>09/17/2010</u>	Hours: <u>24</u>	Bbls oil: <u>1</u>	Mcf Gas: <u>6</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>1</u>	Mcf Gas: <u>6</u>	Bbls H2O: <u>0</u>	GOR: <u>6000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>282</u>	Tubing PSI: <u>257</u>	Choke Size: _____		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1323</u>	API Gravity Oil: <u>49</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7657</u>	Tbg setting date: <u>09/03/2010</u>	Packer Depth: _____		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 09/15/2010 Date of First Production this formation: 08/11/2009

Perforations Top: 7462 Bottom: 7562 No. Holes: 60 Hole size: 0.42

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

No additional treatment.

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:

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: _____