

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:

2555643

**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: \_\_\_\_\_  
3. Address: P O BOX 173779 Fax: \_\_\_\_\_  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30763-00 6. County: WELD  
7. Well Name: FREUND Well Number: 33-7  
8. Location: QtrQtr: NESW Section: 7 Township: 3N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/17/2010</u>	Date of First Production this formation: <u>05/20/2010</u>
Perforations Top: <u>7238</u> Bottom: <u>7528</u>	No. Holes: <u>126</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NB PERF 7238-7374 HOLES 62 SIZE 0.42. CD PERF 7512-7528 HOLES 64 SIZE 0.40. FRAC NB W/ 500 GAL 15% HCL AND 240357 GAL SW W/ 200280# 40/70 AND 4000# 20/40 SB EXCEL. FRAC CD W/ 212115 GAL SW W/ 150080# 40/70 AND 4000# 20/40 SB EXCEL.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>06/07/2010</u> Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: <u>90</u> Mcf Gas: <u>617</u> Bbls H2O: <u>0</u> GOR: <u>6856</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>3300</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1234</u> API Gravity Oil: <u>61</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
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: _____	

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: REG ANALYST II Date: 6/11/2010 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: 10/5/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555643	FORM 5A SUBMITTED	LF @ 2506282 2555643

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	FLOWING TUBING PRESSURE NOT AVAILABLE.	10/5/2010 2:42:58 PM

Total: 1 comment(s)