

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:  
2555643

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/17/2010 Date of First Production this formation: 05/20/2010

Perforations Top: 7238 Bottom: 7528 No. Holes: 126 Hole size: 40/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

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:  Yes  No

Test Information:

Date: 06/07/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 90 Mcf Gas: 617 Bbls H2O: 0 GOR: 6856

Test Method: FLOWING Casing PSI: 3300 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1234 API Gravity Oil: 61

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: 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)