

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:

2555271

**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 05-123-30100-00 6. County: WELD  
7. Well Name: VARRA Well Number: 15-2  
8. Location: QtrQtr: SESW Section: 2 Township: 2N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 02/25/2010 Date of First Production this formation: 05/13/2010  
Perforations Top: 7426 Bottom: 7704 No. Holes: 122 Hole size: 38/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
NB PERF 7426-7562 HOLES 62 SIZE 0.42 CD PERF 7684-7704 HOLES 60 SIZE 0.38 FRAC NB W/251,777 GAL SW W/ 200,640# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/203,365 GAL SW W/151,000# 40/70 & 4,000# 20/40 SB EXCEL.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 05/19/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 1 Bbls H2O: 0 GOR: 1  
Test Method: FLOWING Casing PSI: 1800 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 49  
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: 6/3/2010 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: 10/12/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555271	FORM 5A SUBMITTED	LF@2503226 2555271

Total Attach: 1 Files