

**FORM
5A**Rev
02/08State 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

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.

Document Number:

2555259

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) 929-6832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30776-00 6. County: WELD
7. Well Name: BELLA FEDERAL Well Number: 36-7
8. Location: QtrQtr: SESE Section: 7 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 03/29/2010 Date of First Production this formation: 05/11/2010
Perforations Top: 7328 Bottom: 7619 No. Holes: 124 Hole size: 38/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
NB PERF 7328-7468 HOLES 64 SIZE 0.38. CD PERF 7604-7619 HOLES 60 SIZE 0.38. FRAC NB W/500 GAL 15% HC1 & 249,798 GAL SW W/201,040# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/205,719 GAL SW W/151,340# 40/70 & 4,000# 20/40 SB EXCEL.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 05/25/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 276 Bbls H2O: 0 GOR: 11040
Test Method: FLOWING Casing PSI: 0 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1247 API Gravity Oil: 55
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 VUETitle: REGULATORY Date: 6/2/2010 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: 10/14/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555259	FORM 5A SUBMITTED	LF@2503238 2555259

Total Attach: 1 Files