

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:

2555385

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 05-123-29760-00 6. County: WELD
7. Well Name: DOLPH Well Number: 15-1
8. Location: QtrQtr: SWSE Section: 1 Township: 2N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

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|---|---|
| FORMATION: <u>CODELL</u> | Status: <u>COMMINGLED</u> |
| Treatment Date: <u>01/07/2010</u> | Date of First Production this formation: <u>02/01/2010</u> |
| Perforations Top: <u>7406</u> Bottom: <u>7424</u> | No. Holes: <u>54</u> Hole size: <u>40/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>FRAC CODL W/204,967 GAL SW & 150,520# 40/70 SAND & 4,000# 20/40 SB EXCEL.</u> | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: _____ | |
| 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-CODELL Status: PRODUCING

Treatment Date: 01/07/2010 Date of First Production this formation: 02/01/2010

Perforations Top: 7232 Bottom: 7424 No. Holes: 114 Hole size: 40/64

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

NBRR PERF 7232-7319 HOLES 60 SIZE 0.42 CODL PERF 7406-7424 HOLES 54 SIZE 0.40.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 02/25/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 41 Mcf Gas: 207 Bbls H2O: 0 GOR: 5049

Test Method: FLOWING Casing PSI: 500 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1301 API Gravity Oil: 51

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: NIOBRARA Status: COMMINGLED

Treatment Date: 01/07/2010 Date of First Production this formation: 02/01/2010

Perforations Top: 7232 Bottom: 7319 No. Holes: 60 Hole size: 42/100

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

FRAC NBRR W/500 GAL 15% HC1 & 243,000 GAL SW & 200,500# 40/70 SAND& 4,000# 20/40 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: _____

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 Date: 6/7/2010 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 |
|-------------|-------------------|--------------------|
| 2555385 | FORM 5A SUBMITTED | LF@2505781 2555385 |

Total Attach: 1 Files