

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:

400100023

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: Kenny Trueax  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383  
 3. Address: P O BOX 173779 Fax: (720) 929-7383  
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31195-00 6. County: WELD  
 7. Well Name: VOGL Well Number: 26-6  
 8. Location: QtrQtr: NWNW Section: 5 Township: 2N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/26/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7798 Bottom: 7828 No. Holes: 60 Hole size: 0.38

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

J Sand Perfs: 7798-7828 Holes: 60 Size: 38  
Frac J sand w/ 147,770 gal SW w/ 116,320# 40/70 sand, 4,000# SB Excel sand

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 10/05/2010 Hours: 24 Bbls oil: 50 Mcf Gas: 326 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 50 Mcf Gas: 326 Bbls H2O: 0 GOR: 6520

Test Method: Flowing Casing PSI: 1000 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/08/2010 Date of First Production this formation: 08/26/2010

Perforations Top: 7142 Bottom: 7386 No. Holes: 126 Hole size: 0.47

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

NB Perf: 7142-7248 Holes: 66 Size: .47 CD Perf: 7366-7386 Holes: 60 Size: .38  
Frac NB w/ 250 gal 15% HCl & 245,954 gal SW w/ 201,060# 40/70 sand, 4,000# SB Excel sand  
Frac CD w/ 204,078 gal SW w/ 150,040# 40/70 sand, 4,000# SB Excel sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 10/05/2010 Hours: 24 Bbls oil: 50 Mcf Gas: 326 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 326 Bbls H2O: 0 GOR: 6520

Test Method: Flowing Casing PSI: 1000 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 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: Kenny Trueax

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email Kenny.Trueax@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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_