

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
----	----	----	----

Document Number:

400101198

**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 05-123-21629-00 6. County: WELD  
7. Well Name: STEELE STATE Well Number: 2-36  
8. Location: QtrQtr: NWNE Section: 36 Township: 1N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/23/2010 Date of First Production this formation: 09/30/2010  
Perforations Top: 8308 Bottom: 8358 No. Holes: 64 Hole size: 0.38

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

Drill out sand plug set @ 8110' to commingle JSND w/ NB-CD.

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

**Test Information:**

Date: 10/08/2010 Hours: 24 Bbls oil: 4 Mcf Gas: 38 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 38 Bbls H2O: 0 GOR: 9500  
Test Method: FLOWING Casing PSI: 677 Tubing PSI: 562 Choke Size: \_\_\_\_\_  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1360 API Gravity Oil: 49  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8280 Tbg setting date: 09/23/2010 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: 09/30/2010 Date of First Production this formation: 08/06/2008

Perforations Top: 7460 Bottom: 7908 No. Holes: 186 Hole size: 0.38

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

NBRR Perf 7460-7762 Holes 114 Size 0.42 CODL Perf 7890-7908 Holes 72 Size 0.38  
No additional treatment.

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

**Test Information:**

Date: 10/08/2010 Hours: 24 Bbls oil: 4 Mcf Gas: 33 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 4 Mcf Gas: 33 Bbls H2O: 0 GOR: 8250

Test Method: FLOWING Casing PSI: 677 Tubing PSI: 562 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1360 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8280 Tbg setting date: 09/23/2010 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: \_\_\_\_\_ 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_