

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:

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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 05-123-21994-00 6. County: WELD
7. Well Name: BROWN Well Number: 1-6A
8. Location: QtrQtr: NENE Section: 6 Township: 2N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>09/03/2010</u>		Date of First Production this formation: <u>01/04/2005</u>	
Perforations	Top: <u>7778</u> Bottom: <u>7827</u>	No. Holes: <u>84</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Set sand plug @ 7500'</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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:			
<div>JSND temporarily abandoned for CODL refrac.</div>			
Date formation Abandoned: <u>09/03/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7500</u>		Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/30/2010 Date of First Production this formation: 10/11/2010

Perforations Top: 7071 Bottom: 7338 No. Holes: 143 Hole size: 0.38

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

NBRR Perf 7071-7170 Holes 69 Size 0.42 CODL Perf 7321-7338 Holes 74 Size 0.38
Reperf CODL 7321-7335 Holes 42 Size 0.38.
Refrac CODL w/ 197,778 gal SW & 150,160# 40/70 sand & 4,320# SB Excel.

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

Test Information:

Date: 10/14/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 19 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 19 Bbls H2O: 0 GOR: 9500

Test Method: FLOWING Casing PSI: 1098 Tubing PSI: 1104 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1217 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7304 Tbg setting date: 10/05/2010 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

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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: _____