

**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



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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.

Document Number:

2556057

1. OGCC Operator Number: 47120 4. Contact Name: CINDY VUE  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: \_\_\_\_\_  
3. Address: P O BOX 173779 Fax: \_\_\_\_\_  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30625-00 6. County: WELD  
7. Well Name: MILLER Well Number: 29-28  
8. Location: QtrQtr: NENW Section: 28 Township: 3N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 01/26/2010 Date of First Production this formation: 06/07/2010Perforations Top: 7300 Bottom: 7602 No. Holes: 116 Hole size: 38/100Provide a brief summary of the formation treatment: Open Hole: ☐

NB PERF 7300-7464 HOLES 62 SIZE 0.38. CD PERF 7584-7602 HOLES 54 SIZE 0.38. FRAC NB W/ 500 GAL 15% HCL AND 247682 GAL SW W/ 202220# 40/70 AND 4000# 20/40 SB EXCEL. FRAC CD W/ 201184 GAL SW W/ 150680# 40/70 AND 4140# 20/40 SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 06/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 721 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 721 Bbls H2O: 0 GOR: 0Test Method: FLOWING Casing PSI: 3300 Tubing PSI: \_\_\_\_\_ Choke Size: 10/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1231 API Gravity Oil: 54

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: REG ANALYST II Date: 6/17/2010 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: 10/20/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2556057	FORM 5A SUBMITTED	LF@2509809 2556057

Total Attach: 1 Files