

**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:

1688498

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 05-123-30658-00 6. County: WELD  
7. Well Name: MILLER Well Number: 40-29  
8. Location: QtrQtr: SENE Section: 29 Township: 3N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 05/11/2010 Date of First Production this formation: 06/11/2010Perforations Top: 7277 Bottom: 7517 No. Holes: 126 Hole size: 38/100Provide a brief summary of the formation treatment: Open Hole: ☐

NBRR PERF 7277-7434 HOLES 62 SIZE 0.47. CODL PERF 7501-7517 HOLES 64 SIZE 0.38. FRAC NBRR W/500 GAL 15% HC1 & 247,798 GAL SW & 200,160# 40/70 SAND & 4,000# SB EXCEL. FRAC CODL W/203,635 GAL SW & 150,140# 40/70 SAND & 4,000# SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 06/18/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 59 Mcf Gas: 267 Bbls H2O: 0 GOR: 4525Test Method: FLOWING Casing PSI: 2650 Tubing PSI: \_\_\_\_\_ Choke Size: 10/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1247 API Gravity Oil: 53

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: REGULATORY ANALYST II Date: 6/21/2010 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
1688498	FORM 5A SUBMITTED	LF@2510059 1688498

Total Attach: 1 Files