

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 05-123-22041-00 6. County: WELD
7. Well Name: NISHIMOTO Well Number: 10-36
8. Location: QtrQtr: NWSE Section: 36 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>09/07/2010</u>	Date of First Production this formation: <u>12/09/2005</u>
Perforations Top: <u>7754</u> Bottom: <u>7822</u>	No. Holes: <u>108</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Set sand plug @ 7517'.</u>	
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: _____	
<u>JSND temporarily abandoned for NB-CD refrac.</u>	
Date formation Abandoned: <u>09/07/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7517</u>	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/08/2010 Date of First Production this formation: 10/18/2010

Perforations Top: 7053 Bottom: 7335 No. Holes: 161 Hole size: 0.38

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

NBRR Perf 7053-7174 Holes 93 Size 0.42 CODL Perf 7317-7335 Holes 68 Size 0.38
Reperf NBRR 7054-7174 Holes 72 Size 0.42.
Refrac NBRR w/ 250 gal 15% HCl & 242,928 gal SW & 201,320# 40/70 sand & 4,080# SB Excel.
Reperf CODL 7317-7335 Holes 36 Size 0.38.
Refrac CODL w/ 199,794 gal SW & 150,060# 40/70 sand & 4,340# SB Excel.

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

Test Information:

Date: 10/22/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 208 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 13 Mcf Gas: 208 Bbls H2O: 0 GOR: 16000

Test Method: FLOWING Casing PSI: 1950 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1254 API Gravity Oil: 52

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 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: _____