

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-25846-00
6. County: WELD
7. Well Name: ROY
Well Number: 41-29
8. Location: QtrQtr: NENE Section: 29 Township: 3N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 10/05/2010 Date of First Production this formation: 10/21/2010
Perforations Top: 7859 Bottom: 7911 No. Holes: 52 Hole size: 0.38

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

Frac JSND w/ 155,232 gal SW & 115,340# 40/70 sand & 4,100# SB Excel.

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

Test Information:

Date: 10/29/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 55 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 55 Bbls H2O: 0 GOR: 27500
Test Method: FLOWING Casing PSI: 788 Tubing PSI: 508 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1294 API Gravity Oil: 57
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7837 Tbg setting date: 10/14/2010 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: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>10/21/2010</u>		Date of First Production this formation: <u>11/04/2008</u>			
Perforations	Top: <u>7196</u>	Bottom: <u>7450</u>	No. Holes: <u>116</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NBRR Perf 7196-7310 Holes 60 Size 0.42			CODL Perf 7436-7450 Holes 56 Size 0.38		
No additional treatment.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>10/29/2010</u>	Hours: <u>24</u>	Bbls oil: <u>2</u>	Mcf Gas: <u>56</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>2</u>	Mcf Gas: <u>56</u>	Bbls H2O: <u>0</u>	GOR: <u>28000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>788</u>	Tubing PSI: <u>508</u>	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1294</u>	API Gravity Oil: <u>57</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7837</u>	Tbg setting date: <u>10/14/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____