

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2554658

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 05-123-14784-00 6. County: WELD  
7. Well Name: LORENZ UPRR 32-27 Well Number: 4  
8. Location: QtrQtr: SWNE Section: 27 Township: 4N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/10/2010 Date of First Production this formation: 02/03/1999

Perforations Top: 6930 Bottom: 7244 No. Holes: 68 Hole size: 38/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NBRR PERF 6930-7024 HOLES 16 SIZE 0.38 CODL PERF 7232-7244 HOLES 54 SIZE 0.38 TRI-FRAC CODL W/123,480 GAL VISTAR & 261,660# 20/40 SAND & 4,100# 20/40 SB EXCEL. NB-CD RETURNED TO PRODUCTION 04/27/2010

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 05/07/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 9 Mcf Gas: 187 Bbls H2O: 0 GOR: 20778

Test Method: FLOWING Casing PSI: 900 Tubing PSI: 825 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1233 API Gravity Oil: 66

Tubing Size: 2 + 24/64 Tubing Setting Depth: 7204 Tbg setting date: 03/13/2010 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: 5/20/2010 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: 11/19/2010

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 2554658     | FORM 5A SUBMITTED |

Total Attach: 1 Files