

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:

2555247

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: _____
 3. Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-22225-00 6. County: WELD
 7. Well Name: NELSON Well Number: 17-12
 8. Location: QtrQtr: NWNE Section: 12 Township: 4N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/09/2010 Date of First Production this formation: 04/29/2010

Perforations Top: 7075 Bottom: 7090 No. Holes: 84 Hole size: 38/100

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

REPERF CODL 7075-7089 HOLES 56 SIZE 0.38. REFRAC CODL W/ 214452 GAL SW & 150680# 40/70 SAND & 4000# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes 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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/09/2010 Date of First Production this formation: 04/29/2010

Perforations Top: 6868 Bottom: 7090 No. Holes: 164 Hole size: 38/100

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

NBRR PERF 6868-6954 HOLES 80 SIZE 0.42. CODL PERF 7075-7090 HOLES 84 SIZE 0.38.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/09/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 58 Mcf Gas: 254 Bbls H2O: 0 GOR: 4379

Test Method: FLOWING Casing PSI: 500 Tubing PSI: _____ Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1328 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 04/09/2010 Date of First Production this formation: 04/29/2010

Perforations Top: 6868 Bottom: 6954 No. Holes: 80 Hole size: 42/100

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

REPERF NBRR 6868-6954 HOLES 64 SIZE 0.42. REFRAC NBRR W/ 500 GAL 15% HCl AND 321508 GAL SW AND 200680# 40/70 SAND AND 4000# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes 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: _____

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: REG ANALYST II Date: 5/26/2010 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
2555247	FORM 5A SUBMITTED

Total Attach: 1 Files