

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:

2555415

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 05-123-15956-00 6. County: WELD
7. Well Name: PSC Well Number: 14-13
8. Location: QtrQtr: SWSW Section: 13 Township: 3N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 04/06/2010 Date of First Production this formation: 09/15/1992
Perforations Top: 7684 Bottom: 7720 No. Holes: 40 Hole size: 39/100

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

SET SAND PLUG @ 7550. OUR INTENT IS TO REMOVE THE SAND PLUG TO COMMINGLE WELL WITHIN THE NEXT SIX MONTHS.

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:

JSND TEMPORARILY ABANDONED FOR CODL REFRAC.

Date formation Abandoned: 04/06/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7550 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/20/2010 Date of First Production this formation: 05/05/2010

Perforations Top: 7048 Bottom: 7266 No. Holes: 68 Hole size: 38/100

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

NBRR PERF 7048-7061 HOLES 4. CODL PERF 7248-7266 HOLES 64 SIZE 0.38. REPERF CODL 7248-7266 HOLES 54 SIZE 0.38. REFRAC CODL W/ 202566 GAL SW AND 150960# 40/70 SAND AND 4000# 20/40 SB EXCEL.

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

Test Information:

Date: 05/12/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 18 Mcf Gas: 74 Bbls H2O: 0 GOR: 4111

Test Method: FLOWING Casing PSI: 795 Tubing PSI: 173 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7224 Tbg setting date: 04/27/2010 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: 6/3/2010 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 G. Neslin Director of COGCC Date: 11/22/2010

Attachment Check List

Att Doc Num	Name
2555415	FORM 5A SUBMITTED
2569078	OTHER

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)