

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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COMPLETED INTERVAL REPORT

Document Number:

2555430

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 05-123-22272-00 6. County: WELD
 7. Well Name: EATON Well Number: 12-19
 8. Location: QtrQtr: NWSW Section: 19 Township: 4N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 05/06/2010 Date of First Production this formation: 05/10/2010

Perforations Top: 7232 Bottom: 7251 No. Holes: 59 Hole size: 38/100

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

REPERF CODL 7232-7251 HOLES 19 SIZE 0.38. REFRAC CODL W/ 164157 GAL SW AND 116250# 30/50 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: _____

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 04/27/2010 Date of First Production this formation: 05/23/2005

Perforations Top: 7701 Bottom: 7756 No. Holes: 110 Hole size: 38/100

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

SET SAND PLUG @ 7445. OUR INTENT IS 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 NB-CD REFRAC.

Date formation Abandoned: 04/27/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7445 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/06/2010 Date of First Production this formation: 05/10/2010

Perforations Top: 6920 Bottom: 7251 No. Holes: 210 Hole size: 38/100

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

NBRR PERF 6920-7161 HOLES 151 SIZE 0.38. CODL PERF 7232-7251 HOLES 59 SIZE 0.38.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/23/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 43 Bbls H2O: 0 GOR: 14333

Test Method: FLOWING Casing PSI: 276 Tubing PSI: _____ Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1195 API Gravity Oil: 58

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: 05/06/2010 Date of First Production this formation: 05/10/2010

Perforations Top: 6920 Bottom: 7161 No. Holes: 151 Hole size: 38/100

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

REPERF NBRR 6920-7161 HOLES 116 SIZE 0.38. REFRAC NBRR W/ 504 GAL 15% HCl AND 242390 GAL SW AND 200000# 30/50 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: REGULATORY ANALYST II Date: 6/7/2010 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: 11/22/2010

Attachment Check List

Att Doc Num	Name
2555430	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)