

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:

2555435

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 05-123-15614-00 6. County: WELD
7. Well Name: (HSR) BRENLY Well Number: 6-21
8. Location: QtrQtr: SENW Section: 21 Township: 4N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 04/15/2010 Date of First Production this formation: 04/09/1992
Perforations Top: 6947 Bottom: 7254 No. Holes: 101 Hole size: 38/100

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

NBRR PERF 6947-7129 HOLES 19 SIZE 0.38. CODL PERF 7238-7254 HOLES 82 SIZE 0.38. SET CIBP @ 6790' W/2 SACKS OF CEMENT FOR MECHANICAL INTEGRITY. OUR INTENT IS DRILL OUT CIBP & CEMENT 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:

NB-CD TEMPORARILY ABANDONED FOR SUSX RECOMPLETE.

Date formation Abandoned: 04/15/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 6790 Sacks cement on top: 2

FORMATION: SUSSEX Status: PRODUCING

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

Perforations Top: 4524 Bottom: 4552 No. Holes: 56 Hole size: 38/100

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

FRAC SUSX W/20,706 GAL MAVFOAM H 70 QUALITY N2 & 181,580# 16/30 SAND & 20,000# 12/20 SAND.

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

Test Information:

Date: 05/19/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 113 Bbls H2O: 0 GOR: 16143

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 1200 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1247 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4514 Tbg setting date: 04/28/2010 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 Date: 6/1/2010 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
2555435	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)