

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:

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**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 05-123-20047-00 6. County: WELD  
7. Well Name: (HSR)ANDERSON Well Number: 4-26A  
8. Location: QtrQtr: NWNW Section: 26 Township: 2N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 05/07/2010 Date of First Production this formation: 11/27/2000

Perforations Top: 8022 Bottom: 8045 No. Holes: 69 Hole size: 35/100

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

SET COBP @ 7690' W/ 2 SACKS OF CEMENT FOR MECHANICAL INTEGRITY.

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 RECOMPLETE.

Date formation Abandoned: 05/07/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7690 Sacks cement on top: 2

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 05/13/2010

Date of First Production this formation: 06/15/2010

Perforations Top: 7354 Bottom: 7590 No. Holes: 116 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

NBRR-PERF 7354-7436 HOLES 56 SIZE 0.47. CODL PERF 7570-7590 HOLES 60 SIZE 0.38. FRAC NBRR W/ 500 GAL 15% HC1 & 246,708 GAL SW & 201,720# 40/70 SAND & 4,000# SB EXCEL. FRAC CODL W/204,456 GAL SW & 150,260# 40/70 SAND & 4,000# SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 06/24/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 66 Mcf Gas: 107 Bbls H2O: 0 GOR: 1621

Test Method: FLOWING Casing PSI: 165 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1159 API Gravity Oil: 45

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: 6/30/2010 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: 11/30/2010**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)