

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 05-123-21312-00 6. County: WELD
7. Well Name: WARDELL Well Number: 13-6
8. Location: QtrQtr: CSW Section: 6 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 06/03/2010 Date of First Production this formation: 06/15/2010
Perforations Top: 7109 Bottom: 7404 No. Holes: 158 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole: ☐
NBRR PERF 7109-7280 HOLES 90 SIZE 0.42. CODL PERF 7390-7404 HOLES 68 SIZE 0.38. REPERF CODL 7390-7404 HOLES 56 SIZE 0.38. REFRAC CODL W/203,952 GAL SW & 150,100# 40/70 SAND & 4,000# SUPERLC.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/23/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 348 Bbls H2O: 0 GOR: 34800
Test Method: FLOWING Casing PSI: 900 Tubing PSI: 500 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 API Gravity Oil: 62
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7358 Tbg setting date: 06/08/2010 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: 6/30/2010 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 S. 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)