

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:

2509064

**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) 9296832  
3. Address: P O BOX 173779 Fax: (720) 9297832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-24086-00 6. County: WELD  
7. Well Name: WARDELL Well Number: 33-6  
8. Location: QtrQtr: SWSW Section: 6 Township: 3N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>06/16/2010</u>		Date of First Production this formation: <u>06/18/2010</u>	
Perforations	Top: <u>7501</u>	Bottom: <u>7516</u>	No. Holes: <u>76</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>REPERF CODL 7504-7508 HOLES 16 SIZE 0.38. REFRAC CODL W/ 202906 GAL SW AND 150840# 40/70 SAND AND 4000# SB EXCEL.</u>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Test Information:</b>			
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/16/2010</u>		Date of First Production this formation: <u>06/18/2010</u>	
Perforations	Top: <u>7226</u> Bottom: <u>7516</u>	No. Holes: <u>192</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NBRR PERF 7226-7394 HOLES 116 SIZE 0.42. CODL PERF 7501-7516 HOLES 76 SIZE 0.38.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>06/23/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>18</u>	Mcf Gas: <u>397</u>	Bbls H2O: <u>0</u> GOR: <u>22056</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>550</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1208</u>	API Gravity Oil: <u>60</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>06/16/2010</u>		Date of First Production this formation: <u>11/13/2006</u>	
Perforations	Top: <u>7226</u> Bottom: <u>7394</u>	No. Holes: <u>116</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
REFRAC NBRR W/ 500 GAL 15% HCL AND 229366 GAL SW AND 196800# 40/70 SAND AND 4000# SB EXCEL.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 7/2/2010 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**

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

Total: 0 comment(s)