

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:

2510650

**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 05-123-30568-00 6. County: WELD  
7. Well Name: ADAM FARM Well Number: 8-4  
8. Location: QtrQtr: SWNE Section: 4 Township: 2N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

|   |                                   |  |                            |                                     |
|---|-----------------------------------|--|----------------------------|-------------------------------------|
| FORMATION: <u>J SAND</u>  |                                   | Status: <u>PRODUCING</u>                                   |                            |                                     |
| Treatment Date: <u>06/23/2010</u>   |                                   | Date of First Production this formation: <u>06/30/2010</u> |                            |                                     |
| Perforations  | Top: <u>7926</u>                  | Bottom: <u>7958</u>  | No. Holes: <u>60</u>       | Hole size: <u>38/100</u>            |
| Provide a brief summary of the formation treatment:   |                                   | Open Hole: <input type="checkbox"/>                        |                            |                                     |
| <u>FRAC JSND W/152,964 GAL SW &amp; 115,340# 40/70 SAND &amp; 4,080# SB EXCEL.</u>  |                                   |  |                            |                                     |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |                                   |  |                            |                                     |
| <b>Test Information:</b>  |                                   |  |                            |                                     |
| Date: <u>07/06/2010</u>   | Hours: _____                      | Bbls oil: _____  | Mcf Gas: _____             | Bbls H2O: _____                     |
| Calculated 24 hour rate:  |                                   | Bbls oil: <u>6</u>   | Mcf Gas: <u>11</u>         | Bbls H2O: <u>0</u> GOR: <u>1833</u> |
| Test Method: <u>FLOWING</u>   | Casing PSI: <u>300</u>            | Tubing PSI: _____  | Choke Size: <u>18/64</u>   |                                     |
| Gas Disposition: <u>SOLD</u>  | Gas Type: <u>WET</u>              | BTU Gas: <u>1352</u>                                       | API Gravity Oil: <u>48</u> |                                     |
| Tubing Size: <u>2 + 3/8</u>   | Tubing Setting Depth: <u>7886</u> | Tbg setting date: <u>07/09/2010</u>                        | Packer Depth: _____        |                                     |
| Reason for Non-Production:<br>_____<br>_____  |                                   |  |                            |                                     |
| 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/30/2010 Date of First Production this formation: 01/06/2010

Perforations Top: 7220 Bottom: 7500 No. Holes: 126 Hole size: 38/100

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

NBRR PERF 7220-7362 HOLES 72 SAIZE 0.42 CODL PERF 7482-7500 HOLES 54 SIZE 0.38 NO ADDITIONAL TREATMENT

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

**Test Information:**

Date: 07/06/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 6 Mcf Gas: 11 Bbls H2O: 0 GOR: 1833

Test Method: FLOWING Casing PSI: 300 Tubing PSI: \_\_\_\_\_ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1352 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7886 Tbg setting date: 07/09/2010 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: REGUALTORY ANALYST II Date: 7/15/2010 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: 12/2/2010

**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)