

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:

2510649

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 05-123-22103-00 6. County: WELD
7. Well Name: WARNER Well Number: 16-14
8. Location: QtrQtr: SESE Section: 14 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 06/02/2010 Date of First Production this formation: 02/09/2005

Perforations Top: 8020 Bottom: 8047 No. Holes: 76 Hole size: 45/100

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

SAND PLUG SET @ 7810'.

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 REFRAC.

Date formation Abandoned: 06/02/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7810 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/10/2010 Date of First Production this formation: 06/29/2010

Perforations Top: 7281 Bottom: 7568 No. Holes: 146 Hole size: 38/100

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

NBRR PERF 7281-7450 HOLES 68 SIZE 0.42 CODL PERF 7550-7568 HOLES 78 SIZE 0.38 REFRAC NBRR W/500 GAL 15% HCL&248,476 GAL SW & 200,100# 40/70 SAND & 4,000# SB EXCEL. REFRAC CODL W/205,170 GAL SW & 150,220# 40/70 SAND & 4,000# SB EXCEL.

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: 26 Mcf Gas: 182 Bbls H2O: 0 GOR: 7000

Test Method: FLOWING Casing PSI: 1263 Tubing PSI: 905 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1263 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7522 Tbg setting date: 06/17/2010 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 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 G. Neslin Director of COGCC Date: 12/3/2010

Attachment Check List

Att Doc Num	Name
2510649	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)