

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:

2510652

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 05-123-22963-00 6. County: WELD
7. Well Name: BROWN Well Number: 8-6
8. Location: QtrQtr: SENE Section: 6 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 06/17/2010 Date of First Production this formation: 06/09/2005
Perforations Top: 7334 Bottom: 7350 No. Holes: 48 Hole size: 38/100

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

SET RBP@7258 W/2 SACKS OF SAND FOR MECHANICAL INTEGRITY. OUR INTENT IS TO REMOVE RBP TO COMMINGLE WELL WITHIN THE NEXT SIX MONTHS.

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:

CODL TEMPORARILY ABANDONED FOR NBRR RECOMPLETE.

Date formation Abandoned: 06/17/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7258 Sacks cement on top: _____

FORMATION: J SAND Status: WAITING ON COMPLETION

Treatment Date: 06/17/2010 Date of First Production this formation: 05/01/2007

Perforations Top: 7794 Bottom: 7856 No. Holes: 100 Hole size: 38/100

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

SET RBP @7258 W/2 SACKS OF SAND 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 NBRR RECOMPLETE.

Date formation Abandoned: 06/17/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7258 Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 06/25/2010 Date of First Production this formation: 06/30/2010

Perforations Top: 7106 Bottom: 7200 No. Holes: 56 Hole size: 42/100

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

FRAC NBRR W/210 GAL 15% HCL & 234,444 GAL SW & 200,300# 40/70 SAND & 4,080
SB EXCEL

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

Test Information:

Date: 07/09/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 82 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 150 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1247 API Gravity Oil: 52

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: 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: 12/3/2010

Attachment Check List

Att Doc Num	Name
2510652	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)