

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:  
2510652

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  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-37  
4. Contact Name: CINDY VUE  
Phone: (720) 929-6832  
Fax: (720) 929-7832

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**

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

Total: 0 comment(s)