

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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COMPLETED INTERVAL REPORT

Document Number:

400090679

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 05-123-24074-00 6. County: WELD  
 7. Well Name: UIV Well Number: 6-20  
 8. Location: QtrQtr: SENW Section: 20 Township: 5N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
 Treatment Date: 08/05/2010 Date of First Production this formation: 08/19/2010  
 Perforations Top: 7152 Bottom: 7174 No. Holes: 86 Hole size: 38/100  
 Provide a brief summary of the formation treatment: Open Hole:   
 Reperf CODL 7154-7164 Holes 20 Size 0.38.  
 Refrac CODL w/ 210,372 gal SW & 151,880# 40/70 sand & 4,000# 20/40 SB Excel.  
 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:  
 \_\_\_\_\_  
 Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/05/2010 Date of First Production this formation: 08/19/2010

Perforations Top: 6832 Bottom: 7174 No. Holes: 152 Hole size: 38/100

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

NBRR Perf 6832-7050 Holes 66 Size 0.42 CODL Perf 7152-7174 Holes 86 Size 0.38

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 09/05/2010 Hours: 24 Bbls oil: 17 Mcf Gas: 72 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 17 Mcf Gas: 72 Bbls H2O: 0 GOR: 4235

Test Method: FLOWING Casing PSI: 894 Tubing PSI: 595 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7137 Tbg setting date: 08/12/2010 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 08/05/2010 Date of First Production this formation: 08/19/2010

Perforations Top: 6832 Bottom: 7050 No. Holes: 66 Hole size: 42/100

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

Frac NBRR w/ 250 gal 15% HCl & 251,758 gal SW & 201,120# 40/70 sand & 4,000# 20/40 SB Excel.

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: \_\_\_\_\_  
\_\_\_\_\_

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: 9/7/2010 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. Nashin Director of COGCC Date: 12/23/2010

**Attachment Check List**

Att Doc Num	Name
400090679	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)