

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:

400125083

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 05-123-24156-00 6. County: WELD
 7. Well Name: REYNOLDS Well Number: 4-24
 8. Location: QtrQtr: NWNW Section: 24 Township: 3N Range: 68W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 12/02/2010 Date of First Production this formation: 01/29/2007
 Perforations Top: 7376 Bottom: 7390 No. Holes: 56 Hole size: 0.45
 Provide a brief summary of the formation treatment: _____ Open Hole:
 11/19/06-Frac w/ 165,343 gal SW w/ 115,580# 30/50 sand
 12/2/10- Re-Frac w/ 166,110 gal SW w/ 115,720# 40/70 & 4,000# 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: 12/02/2010 Date of First Production this formation: 12/15/2010

Perforations Top: 7116 Bottom: 7390 No. Holes: 116 Hole size: 0.42

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

NB Perf 7116-7253 Holes 60 Size 0.42 CD Perf 7376-7390 Holes 56 Size 0.45

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/13/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 250 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 250 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1005 Tubing PSI: 851 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1326 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7356 Tbg setting date: 12/09/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 12/02/2010 Date of First Production this formation: 12/15/2010

Perforations Top: 7116 Bottom: 7253 No. Holes: 60 Hole size: 0.42

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

Frac NB w/ 250 gal 15% HCl & 247,069 gal SW w/ 201,320# 40/70 & 4,000# 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: _____ 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: _____ Director of COGCC Date: _____

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)