

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:

400126710

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 05-123-22311-00 6. County: WELD
7. Well Name: WARDELL Well Number: 21-29
8. Location: QtrQtr: NWNE Section: 29 Township: 3N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

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|--|---|
| FORMATION: <u>CODELL</u> | Status: <u>COMMINGLED</u> |
| Treatment Date: <u>07/24/2007</u> | Date of First Production this formation: <u>09/07/2004</u> |
| Perforations Top: <u>7314</u> Bottom: <u>7330</u> | No. Holes: <u>32</u> Hole size: <u>0.38</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <div>Drilled down CIBP to commingle with NBRR and J Sand production.</div> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____ | |
| <div></div> | |
| Date formation Abandoned: _____ | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ |
| Bridge Plug Depth: _____ | Sacks cement on top: _____ |

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|--|-----------------------------------|---|---|------------------------|------------------|
| FORMATION: <u>J SAND</u> | | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>07/24/2007</u> | | Date of First Production this formation: <u>03/26/2006</u> | | | |
| Perforations | Top: <u>7710</u> | Bottom: <u>7762</u> | No. Holes: <u>138</u> | Hole size: <u>0.38</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| Drilled out CIBP to commingle with NB/CD production. | | | | | |
| This formation is commingled with another formation: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Test Information: | | | | | |
| Date: <u>01/17/2011</u> | Hours: <u>24</u> | Bbls oil: <u>1</u> | Mcf Gas: <u>7</u> | Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>1</u> | Mcf Gas: <u>7</u> | Bbls H2O: <u>0</u> | GOR: <u>7000</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>1150</u> | Tubing PSI: <u>850</u> | Choke Size: <u>24/64</u> | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1254</u> | API Gravity Oil: <u>55</u> | | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7681</u> | Tbg setting date: <u>07/25/2007</u> | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | | | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | | | |

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|--|-----------------------------------|---|---|------------------------|------------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>07/24/2007</u> | | Date of First Production this formation: <u>07/27/2007</u> | | | |
| Perforations | Top: <u>7005</u> | Bottom: <u>7330</u> | No. Holes: <u>131</u> | Hole size: <u>0.42</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| Drilled down CIBP to commingled NB/CD and J Sand production. | | | | | |
| This formation is commingled with another formation: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Test Information: | | | | | |
| Date: <u>01/17/2011</u> | Hours: <u>24</u> | Bbls oil: <u>9</u> | Mcf Gas: <u>31</u> | Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>9</u> | Mcf Gas: <u>31</u> | Bbls H2O: <u>0</u> | GOR: <u>3444</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>1150</u> | Tubing PSI: <u>850</u> | Choke Size: <u>24/64</u> | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1254</u> | API Gravity Oil: <u>55</u> | | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7681</u> | Tbg setting date: <u>07/25/2007</u> | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | | | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | | | |

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/24/2007 Date of First Production this formation: 07/12/2007

Perforations Top: 7005 Bottom: 7184 No. Holes: 99 Hole size: 0.42

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

Drilled down CIBP to commingle with CODL and J Sand production.

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:

ATTN: DARLA GEIMAUSSADDLE

This well is on the Delinquency list for CODL 7/2007-4/2010 and NBRR 2/2010-4/2010. This Form 5A reflects the most up to date status of what is producing. Thank you.

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

| User Group | Comment | Comment Date |
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| | | |

Total: 0 comment(s)