

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: WATTENBERG Field Code: 90750

Completed Interval

|  |                             |   |   |
|--|-----------------------------|---|---|
| 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 |                             |   |   |
| <b>Test Information:</b>   |                             |   |   |
| 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: _____  |   |

|  |                                   |   |   |                        |                  |
|--|-----------------------------------|---|---|------------------------|------------------|
| 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 |                        |                  |
| <b>Test Information:</b>   |                                   |   |   |                        |                  |
| 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:<br><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: <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 |                        |                  |
| <b>Test Information:</b>   |                                   |   |   |                        |                  |
| 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:<br><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 GEIMAUSADDLE

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: 1/24/2011 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: 2/3/2011

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400126710   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)