

**FORM  
5A**Rev  
02/08State 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

Document Number:

400132019

**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: CARA MAHLER  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029  
3. Address: P O BOX 173779 Fax: (720) 929-7029  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31335-00 6. County: WELD  
7. Well Name: NRC Well Number: 16-8  
8. Location: QtrQtr: SWSE Section: 8 Township: 1N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed IntervalFORMATION: DAKOTA Status: ABANDONED COMPLETIONTreatment Date: 09/03/2010 Date of First Production this formation: 09/03/2010Perforations Top: 8440 Bottom: 8480 No. Holes: 64 Hole size: 0.38Provide a brief summary of the formation treatment: Open Hole: ☐

Frac Dakota down 2-7/8" Tbg w/ Pkr w/ 29,274 gal Vistar w/ 49,640# 20/40, 8,020# SB Excel, 0# .  
SET CIBP @ 8410' KB, DUMP 2SX CEMENT  
9/3/2010 TURNED WELL ON NEVER PRODUCED AND WENT TO SALES

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:

INCAPABLE OF PRODUCING IN PAYABLE QUANTITIESDate formation Abandoned: 12/13/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 8410 Sacks cement on top: 2

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/30/2010 Date of First Production this formation: 01/11/2011

Perforations Top: 7596 Bottom: 7844 No. Holes: 122 Hole size: 0.42

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

NB PERF 7596-7698 HOLES 62 SIZE 0.42 CD PERF 7824-7844 HOLES 60 SIZE 0.42  
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 237,554 gal Slickwater w/ 200,580# 40/70, 4,400# SB Excel, 0# .  
Frac Codell down 4-1/2" Csg w/ 196,476 gal Slickwater w/ 151,900# 40/70, 4,280# SB Excel, 0# .

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 02/01/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 21 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 8 Mcf Gas: 21 Bbls H2O: 0 GOR: 2625

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1449 API Gravity Oil: 40

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: \_\_\_\_\_ Email CARA.MAHLER@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
400132021	

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)