

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400141143

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 05-123-31684-00 6. County: WELD
7. Well Name: HIGHWAY 160 Well Number: 1-2
8. Location: QtrQtr: SWNE Section: 2 Township: 1N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: DAKOTA Status: PRODUCING
Treatment Date: 01/12/2011 Date of First Production this formation: 02/16/2011
Perforations Top: 8358 Bottom: 8384 No. Holes: 52 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac Dakota down 2-7/8" Tbg w/ Pkr w/ 44,906 gal Vistar w/ 9,260# 100 Mesh , 44,560# 20/40 Ottawa & 11,420# 20/40.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 03/04/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 31 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 31 Bbls H2O: 0 GOR: 3100
Test Method: FLOWING Casing PSI: 1500 Tubing PSI: 1500 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1307 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8305 Tbg setting date: 01/26/2011 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
:

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	Wellbore Diagram	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

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

Total: 0 comment(s)