

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:

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**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 05-123-32055-00 6. County: WELD  
7. Well Name: WIEDEMAN Well Number: 18-5  
8. Location: QtrQtr: NENW Section: 5 Township: 5N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/03/2011 Date of First Production this formation: 02/28/2011  
Perforations Top: 6823 Bottom: 7138 No. Holes: 120 Hole size: 0.42

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

NB Perf 6823-7012 Holes 56 Size 0.42 CD Perf 7122-7138 Holes 64 Size 0.40  
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 245,742 gal Slickwater w/ 200,680# 40/70, 4,000# SuperLC  
Frac Codell down 4-1/2" Csg w/ 202,272 gal Slickwater w/ 150,480# 40/70, 4,000# SuperLC

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

**Test Information:**

Date: 03/21/2011 Hours: 24 Bbls oil: 90 Mcf Gas: 445 Bbls H2O: 0  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 90 Mcf Gas: 445 Bbls H2O: 0 GOR: 4944  
Test Method: FLOWING Casing PSI: 948 Tubing PSI: \_\_\_\_\_ Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 54  
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  
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### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)