

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:

400143999

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 05-123-31326-00 6. County: WELD
7. Well Name: NRC Well Number: 5-9
8. Location: QtrQtr: SWNW Section: 9 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>DAKOTA</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>09/01/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>8424</u> Bottom: <u>8448</u> No. Holes: <u>72</u> Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac Dakota down 2-7/8" Tbg w/ Pkr w/ 18,568 gal Vistar 70 Quality N2 w/ 9,000# 100 Mesh , 48,000# 20/40 Ottawa & 8,000# 20/40</u>	
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: _____	
<u>CIBP @ 8420'</u>	
Date formation Abandoned: <u>01/17/2011</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>8420</u> Sacks cement on top: <u>2</u>	

FORMATION: <u>J-NIOBRARA-CODELL</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/14/2011</u>		Date of First Production this formation: <u>03/01/2011</u>			
Perforations	Top: <u>7514</u>	Bottom: <u>8206</u>	No. Holes: <u>184</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NB Perf 7514-7618 Holes 66 Size 0.38 CD Perf 7745-7761 Holes 64 Size 0.42 J S Perf 8188-8206 Holes 54 Size 0.38					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>03/16/2011</u>	Hours: <u>24</u>	Bbls oil: <u>61</u>	Mcf Gas: <u>188</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>61</u>	Mcf Gas: <u>188</u>	Bbls H2O: <u>0</u>	GOR: <u>3081</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>781</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1135</u>	API Gravity Oil: <u>42</u>	
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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>02/14/2011</u>		Date of First Production this formation: <u>03/01/2011</u>			
Perforations	Top: <u>8188</u>	Bottom: <u>8206</u>	No. Holes: <u>54</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac J-Sand down 4-1/2" Csg w/ 148,497 gal Slickwater w/ 115,800# 40/70, 4,000# SB Excel.					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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 style="border: 1px solid black; height: 20px; width: 100%;"></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-CODELL Status: PRODUCING

Treatment Date: 02/17/2011 Date of First Production this formation: 03/01/2011

Perforations Top: 7514 Bottom: 7761 No. Holes: 128 Hole size: 0.38

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

NB Perf 7514-7618 Holes 66 Size 0.38 CD Perf 7745-7761 Holes 64 Size 0.42
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 244,736 gal Slickwater w/ 201,200# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 190,806 gal Slickwater w/ 151,200# 40/70, 4,000# SB Excel

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:

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
400145099	

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)