

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
----	----	----	----

Document Number:

400146053

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 05-123-31547-00 6. County: WELD
7. Well Name: COTTONWOOD Well Number: 14-33
8. Location: QtrQtr: SWSE Section: 33 Township: 2N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 01/28/2011 Date of First Production this formation: 03/02/2011
Perforations Top: 7486 Bottom: 7738 No. Holes: 116 Hole size: 0.38

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

NB PERF 7486-7612 HOLES 62 SIZE 0.38 CD PERF 7720-7738 HOLES 54 SIZE 0.38
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 250,446 gal Slickwater w/ 200,940# 30/50, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 205,380 gal Slickwater w/ 150,000# 30/50, 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: _____

FORMATION: NIOBARRA-CODELL-SUSSEX Status: COMMINGLED

Treatment Date: 01/28/2011 Date of First Production this formation: 03/02/2011

Perforations Top: 4850 Bottom: 7738 No. Holes: 166 Hole size: 0.38

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

SX PERF 4850-4964 HOLES 50 SIZE 0.38
NB PERF 7486-7612 HOLES 62 SIZE 0.38
CD PERF 7720-7738 HOLES 54 SIZE 0.38

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

Test Information:

Date: 03/18/2011 Hours: 24 Bbls oil: 14 Mcf Gas: 14 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 14 Mcf Gas: 14 Bbls H2O: 0 GOR: 1000

Test Method: FLOWING Casing PSI: 1380 Tubing PSI: 1550 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1186 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7684 Tbg setting date: 02/18/2011 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: _____

FORMATION: SUSSEX Status: PRODUCING

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

Perforations Top: 4850 Bottom: 4964 No. Holes: 50 Hole size: 0.38

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

Frac Sussex down 4-1/2" Csg w/ 21,042 gal Lightning N2 w/ 180,140# 16/30, 20,540# 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

:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)