

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 05-123-31537-00 6. County: WELD
7. Well Name: COTTONWOOD Well Number: 36-33
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: 01/25/2011 Date of First Production this formation: 03/02/2011
Perforations Top: 7498 Bottom: 7686 No. Holes: 126 Hole size: 0.38

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

NB Perf 7498-7574 Holes 66 Size 0.38 CD Perf 7666-7686 Holes 60 Size 0.38
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 245,952 gal Slickwater w/ 201,300# 30/50, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 197,064 gal Slickwater w/ 151,100# 30/50, 4,000# SB Excel

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

Test Information:

Date: 03/22/2011 Hours: 24 Bbls oil: 130 Mcf Gas: 14 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 130 Mcf Gas: 14 Bbls H2O: 0 GOR: 108
Test Method: FLOWING Casing PSI: 1778 Tubing PSI: 1121 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: 7634 Tbg setting date: 03/11/2011 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

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Attachment Check List

| Att Doc Num | Name |
|-------------|------|
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Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)