

**FORM  
5A**Rev  
02/08State 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:

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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 05-069-06421-00 6. County: LARIMER  
7. Well Name: ENCORE Well Number: 6-12  
8. Location: QtrQtr: NENW Section: 12 Township: 5N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/08/2011 Date of First Production this formation: 03/03/2011  
Perforations Top: 7174 Bottom: 7519 No. Holes: 138 Hole size: 0.38

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

NB Perf 7174-7400 Holes 54 Size 0.42 CD Perf 7498-7519 Holes 84 Size 0.38  
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 246,374 gal Slickwater w/ 200,700# 40/70, 4,000# SB Excel  
Frac Codell down 4-1/2" Csg w/ 202,898 gal Slickwater w/ 150,480# 40/70, 4,000# SB Excel

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 03/28/2011 Hours: 24 Bbls oil: 93 Mcf Gas: 14 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 93 Mcf Gas: 14 Bbls H2O: 0 GOR: 151  
Test Method: FLOWING Casing PSI: 157 Tubing PSI: \_\_\_\_\_ Choke Size: 28/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 API Gravity Oil: 42  
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)