

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:

400150630

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 05-123-22639-00 6. County: WELD
7. Well Name: WESTERN Well Number: 17-31
8. Location: QtrQtr: SENE Section: 31 Township: 4N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/28/2005</u>		Date of First Production this formation: <u>04/19/2005</u>	
Perforations	Top: <u>7294</u>	Bottom: <u>7312</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"/>	
<div>CD Perf 7294-7312 Holes 54 Size 0.38 Frac CODL w/ 154,686 gal slickwater and 115,780# sand.</div>			
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></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: 11/06/2009

Date of First Production this formation: 11/09/2009

Perforations Top: 6994 Bottom: 7312 No. Holes: 124 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB Perf 6994-7179 Holes 70 Size 0.42

CD Perf 7294-7312 Holes 54 Size 0.38

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

Date: 04/01/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 42 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 42 Bbls H2O: 0 GOR: 21000

Test Method: FLOWING Casing PSI: 471 Tubing PSI: 214 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7740 Tbg setting date: 11/06/2009 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: NIOBRARA

Status: COMMINGLED

Treatment Date: 09/30/2009

Date of First Production this formation: 10/02/2009

Perforations Top: 6994 Bottom: 7179 No. Holes: 70 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB Perf 6994-7179 Holes 70 Size 0.42

Frac Niobrara A & B & C down 4-1/2" Csg w/ 509 gal 15% HCl & 242,764 gal Slickwater w/ 201,360# 40/70 & 4,000# 20/40 Ottawa

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
:

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name
400150630	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)