

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: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-24263-00 6. County: WELD
7. Well Name: ROCKY MOUNTAIN Well Number: 37-1
8. Location: QtrQtr: SESE Section: 1 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/16/2011 Date of First Production this formation: 12/05/2006

Perforations Top: 7180 Bottom: 7484 No. Holes: 174 Hole size: 0.42

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

Re-Frac Codell-Niobrara down 4-1/2" Csg w/ 1,000 gal 15% HCl & 440,966 gal Slickwater w/ 342,180# 40/70, 8,000# SB Excel, 0# . AFTER NB-CD REFRAC RETURNED DOWNLINE ON 3/18/2011.

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

Test Information:

Date: 04/04/2011 Hours: 24 Bbls oil: 20 Mcf Gas: 557 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 20 Mcf Gas: 557 Bbls H2O: 0 GOR: 27850

Test Method: FLOWING Casing PSI: 296 Tubing PSI: _____ Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1222 API Gravity Oil: 64

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ Email CARA.MAHLER@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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)