

**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



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COMPLETED INTERVAL REPORT

Document Number:

400156280

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 05-123-31544-00 6. County: WELD
7. Well Name: COTTONWOOD Well Number: 13-33
8. Location: QtrQtr: NWSW Section: 33 Township: 2N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 02/18/2011 Date of First Production this formation: 03/31/2011Perforations Top: 7456 Bottom: 7704 No. Holes: 126 Hole size: 0.4Provide a brief summary of the formation treatment: Open Hole: ☐

NB Perf 7456-7550 Holes 66 Size 0.42 CD Perf 7684-7704 Holes 60 Size 0.40
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 243,600 gal Slickwater w/ 200,260# 40/70, 4,360# SB Excel
Frac Codell down 4-1/2" Csg w/ 205,380 gal Slickwater w/ 150,120# 40/70, 4,200# 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: <u>NIOBRARA-CODELL-SUSSEX</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/18/2011</u>		Date of First Production this formation: <u>03/31/2011</u>			
Perforations	Top: <u>4822</u>	Bottom: <u>7704</u>	No. Holes: <u>178</u>	Hole size: <u>0.4</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
SX Perf 4822-4930 Holes 52 Size 0.40 NB Perf 7456-7550 Holes 66 Size 0.42 CD Perf 7684-7704 Holes 60 Size 0.40					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>04/01/2011</u>	Hours: <u>24</u>	Bbls oil: <u>30</u>	Mcf Gas: <u>45</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>30</u>	Mcf Gas: <u>45</u>	Bbls H2O: <u>0</u>	GOR: <u>1500</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1420</u>	Tubing PSI: <u>1775</u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1193</u>	API Gravity Oil: <u>47</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7663</u>	Tbg setting date: <u>03/23/2011</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: <u>SUSSEX</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>03/10/2011</u>		Date of First Production this formation: <u>03/31/2011</u>			
Perforations	Top: <u>4822</u>	Bottom: <u>4930</u>	No. Holes: <u>52</u>	Hole size: <u>0.4</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
SX Perf 4822-4930 Holes 52 Size 0.40 Frac Sussex down 4-1/2" Csg w/ 20,454 gal MavFoam N2 w/ 180,020# 16/30, 20,300# 16/30					
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 style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: _____			

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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)