

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 05-123-24875-00 6. County: WELD
7. Well Name: SEKICH Well Number: 32-19
8. Location: QtrQtr: SWNW Section: 19 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>05/28/2007</u>		Date of First Production this formation: <u>07/17/2007</u>	
Perforations	Top: <u>7339</u>	Bottom: <u>7360</u>	No. Holes: <u>63</u> Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>CD Perf 7339-7360 Holes 63 Size 0.45 Frac w/ 220,042# 20/40</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: 04/04/2011

Date of First Production this formation: 04/11/2011

Perforations Top: 7092 Bottom: 7360 No. Holes: 129 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐NB Perf 7092-7206 Hole 66 Size 0.41 CD Perf 7339-7360 Holes 63 Size 0.45
4/4/2011 -mill out CIBP over CODL to commingle wellThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 04/19/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 87 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 87 Bbls H2O: 0 GOR: 9667

Test Method: FLOWING Casing PSI: 1141 Tubing PSI: 604 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7324 Tbg setting date: 04/05/2011 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:

FORMATION: NIOBRARA

Status: COMMINGLED

Treatment Date: 03/03/2011

Date of First Production this formation: 03/23/2011

Perforations Top: 7092 Bottom: 7206 No. Holes: 66 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐NB Perf 7092-7206 Hole 66 Size 0.41
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 239,368 gal Slickwater w/ 100,160# 40/70, 4,000# SB ExcelThis 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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)