

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400156694

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 05-123-16712-00 6. County: WELD
7. Well Name: SWINNEY Well Number: 2
8. Location: QtrQtr: SWNW Section: 15 Township: 4N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/28/2011 Date of First Production this formation: 03/23/2011
Perforations Top: 6812 Bottom: 7124 No. Holes: 120 Hole size: 0.38

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

3/08/1993 -NB Perf 6916-6920 Holes 08 Size 0.38 CD Perf 7114-7118 Holes 08 Size 0.38
3/20/2001 -CD Perf 7109-7119 Holes 40 Size 0.34
2/22/2011 -NB Perf 6812-6990 Holes 52 Size 0.38 CD Perf 7120-7124 Holes 12 Size 0.38
Re-Frac Niobrara A & B & C down 2-7/8" Tbg w/ Pkr ^ Nio w/ 250 gal 15% HCl & 171,024 gal pHaser Hybrid w/ 250,940#
20/40, 3,500# SB Excel
Tri-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 204,204 gal Slickwater w/ 150,000# 40/70, 4,500# SB Excel

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

Test Information:

Date: 03/24/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 350 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 350 Bbls H2O: 0 GOR: 8750
Test Method: FLOWING Casing PSI: 1400 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1207 API Gravity Oil: 62
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7072 Tbg setting date: 04/12/2011 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: _____

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

User Group	Comment	Comment Date

Total: 0 comment(s)