

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 05-123-23738-00 6. County: WELD  
7. Well Name: BELLA FEDERAL Well Number: 2-7  
8. Location: QtrQtr: SWNE Section: 7 Township: 3N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 03/22/2011 Date of First Production this formation: 11/02/2006  
Perforations Top: 7254 Bottom: 7546 No. Holes: 164 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Re-Frac Codell down 4-1/2" Csg w/ 263,925 gal Slickwater w/ 208,420# 40/70, 4,000# SB Excel.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 04/10/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 253 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 253 Bbls H2O: 0 GOR: 36143  
Test Method: FLOWING Casing PSI: 626 Tubing PSI: 267 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1192 API Gravity Oil: 59  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7507 Tbg setting date: 04/14/2011 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: 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)