

**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



DE ET OE ES

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 05-123-32785-00 6. County: WELD  
7. Well Name: SEKICH Well Number: 19-17  
8. Location: QtrQtr: SWSE Section: 17 Township: 3N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/19/2011 Date of First Production this formation: 05/02/2011  
Perforations Top: 7292 Bottom: 7560 No. Holes: 122 Hole size: 0.38

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

NB PERF 7292-7425 HOLES 62 SIZE .42 CD PERF 7540-7560 HOLES 60 SIZE .38  
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 247,842 gal Slickwater w/ 200,800# 40/70, 4,060# SB Excel.  
Frac Codell down 4-1/2" Csg w/ 203,532 gal Slickwater w/ 150,780# 40/70, 4,070# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 05/15/2011 Hours: 24 Bbls oil: 48 Mcf Gas: 87 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 48 Mcf Gas: 87 Bbls H2O: 0 GOR: 1813  
Test Method: FLOWING Casing PSI: 776 Tubing PSI: \_\_\_\_\_ Choke Size: 10/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1219 API Gravity Oil: 49  
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 MAHLERTitle: 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**

User Group	Comment	Comment Date

Total: 0 comment(s)