

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:

400169602

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-

5. API Number 05-123-32051-00 6. County: WELD
7. Well Name: JR Well Number: 32-21
8. Location: QtrQtr: SWNW Section: 21 Township: 4N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/28/2011 Date of First Production this formation: 05/05/2011
Perforations Top: 7128 Bottom: 7428 No. Holes: 128 Hole size: 0.38

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

NB Perf 7128-7292 Holes 64 Size 0.42 CD Perf 7412-7428 Holes 64 Size 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 245,196 gal Slickwater w/ 200,660# 40/70, 4,640# SB Excel
Frac Codell down 4-1/2" Csg w/ 207,732 gal Slickwater w/ 150,380# 40/70, 4,400# SB Excel.

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

Test Information:

Date: 05/06/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 241 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 241 Bbls H2O: 0 GOR: 24100
Test Method: FLOWING Casing PSI: 2362 Tubing PSI: _____ Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1229 API Gravity Oil: 61
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)