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|---|--|---|--|---------------------------------------|-----------------------------------|---|--|--|--|--|---------------------|---|------------------|--|-------------------------|---------------------|--------------------------|--|------------------------------|----------------------|----------------------|----------------------------|--|----------------------|-------------------------------|---------------------------|-----------------------|--|
| 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 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> | DE | ET | OE | ES | | | | | | | | | | | | | | | | | | | | | |
| DE | ET | OE | ES | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPLETED INTERVAL REPORT | | | Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400181206</div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>47120</u></td> <td style="width: 50%;">4. Contact Name: <u>Cindy Vue</u></td> </tr> <tr> <td>2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u></td> <td>Phone: <u>(720) 929-6832</u></td> </tr> <tr> <td>3. Address: <u>P O BOX 173779</u></td> <td>Fax: <u>(720) 929-7832</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u></td> <td></td> </tr> </table> | | | | 1. OGCC Operator Number: <u>47120</u> | 4. Contact Name: <u>Cindy Vue</u> | 2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u> | Phone: <u>(720) 929-6832</u> | 3. Address: <u>P O BOX 173779</u> | Fax: <u>(720) 929-7832</u> | City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u> | | | | | | | | | | | | | | | | | | |
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| <u>Completed Interval</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>J-NIOBRARA-CODELL</u></td> <td style="width: 50%;">Status: <u>COMMINGLED</u></td> </tr> <tr> <td>Treatment Date: <u>04/29/2011</u></td> <td>Date of First Production this formation: <u>06/15/2011</u></td> </tr> <tr> <td>Perforations Top: <u>7458</u> Bottom: <u>8210</u></td> <td>No. Holes: <u>160</u> Hole size: <u>0.42</u></td> </tr> <tr> <td colspan="2">Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px;"> NB PERF 7458-7620 HOLES 60 SIZE 0.42 CD PERF 7750-7770 HOLES 60 SIZE 0.42 J S PERF 8190-8210 HOLES 40 SIZE 0.42 </td> </tr> <tr> <td colspan="2">This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table> | | | | FORMATION: <u>J-NIOBRARA-CODELL</u> | Status: <u>COMMINGLED</u> | Treatment Date: <u>04/29/2011</u> | Date of First Production this formation: <u>06/15/2011</u> | Perforations Top: <u>7458</u> Bottom: <u>8210</u> | No. Holes: <u>160</u> Hole size: <u>0.42</u> | Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/> | | NB PERF 7458-7620 HOLES 60 SIZE 0.42 CD PERF 7750-7770 HOLES 60 SIZE 0.42 J S PERF 8190-8210 HOLES 40 SIZE 0.42 | | This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | |
| FORMATION: <u>J-NIOBRARA-CODELL</u> | Status: <u>COMMINGLED</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test Information: <table style="width: 100%;"> <tr> <td>Date: <u>06/16/2011</u></td> <td>Hours: <u>24</u></td> <td>Bbls oil: <u>40</u></td> <td>Mcf Gas: <u>100</u></td> <td>Bbls H2O: <u>0</u></td> </tr> <tr> <td>Calculated 24 hour rate:</td> <td>Bbls oil: <u>40</u></td> <td>Mcf Gas: <u>100</u></td> <td>Bbls H2O: <u>0</u></td> <td>GOR: <u>2500</u></td> </tr> <tr> <td>Test Method: <u>FLOWING</u></td> <td>Casing PSI: <u>1484</u></td> <td>Tubing PSI: <u></u></td> <td>Choke Size: <u>12/64</u></td> <td></td> </tr> <tr> <td>Gas Disposition: <u>SOLD</u></td> <td>Gas Type: <u>WET</u></td> <td>BTU Gas: <u>1246</u></td> <td>API Gravity Oil: <u>50</u></td> <td></td> </tr> <tr> <td>Tubing Size: <u></u></td> <td>Tubing Setting Depth: <u></u></td> <td>Tbg setting date: <u></u></td> <td>Packer Depth: <u></u></td> <td></td> </tr> </table> | | | | Date: <u>06/16/2011</u> | Hours: <u>24</u> | Bbls oil: <u>40</u> | Mcf Gas: <u>100</u> | Bbls H2O: <u>0</u> | Calculated 24 hour rate: | Bbls oil: <u>40</u> | Mcf Gas: <u>100</u> | Bbls H2O: <u>0</u> | GOR: <u>2500</u> | Test Method: <u>FLOWING</u> | Casing PSI: <u>1484</u> | Tubing PSI: <u></u> | Choke Size: <u>12/64</u> | | Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1246</u> | API Gravity Oil: <u>50</u> | | Tubing Size: <u></u> | Tubing Setting Depth: <u></u> | Tbg setting date: <u></u> | Packer Depth: <u></u> | |
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| Tubing Size: <u></u> | Tubing Setting Depth: <u></u> | Tbg setting date: <u></u> | Packer Depth: <u></u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u> Bridge Plug Depth: <u></u> Sacks cement on top: <u></u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|-----------------------------|--|-------------------------------------|--------------------------|------------|
| FORMATION: <u>J SAND</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>04/29/2011</u> | | Date of First Production this formation: <u>06/15/2011</u> | | | |
| Perforations | Top: <u>8190</u> | Bottom: <u>8210</u> | No. Holes: <u>40</u> | Hole size: <u>0.42</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| J S PERF 8190-8210 HOLES 40 SIZE 0.42 Frac J-Sand down 4-1/2" Csg w/ 149,974 gal Slickwater w/ 116,240# 40/70, 4,000# SB Excel | | | | | |
| 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: _____ | | | | | |
| 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: _____ | | | | | |

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|--|-----------------------------|--|-------------------------------------|--------------------------|------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>05/05/2011</u> | | Date of First Production this formation: <u>06/15/2011</u> | | | |
| Perforations | Top: <u>7458</u> | Bottom: <u>7770</u> | No. Holes: <u>120</u> | Hole size: <u>0.42</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| NB PERF 7458-7620 HOLES 60 SIZE 0.42 CD PERF 7750-7770 HOLES 60 SIZE 0.42 Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 248,474 gal Slickwater w/ 200,540# 40/70, 4,000# SB Excel Frac Codell down 4-1/2" Csg w/ 203,616 gal Slickwater w/ 150,960# 40/70, 4,000# SB Excel | | | | | |
| 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: _____ | | | | | |
| 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: _____ | | | | | |

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|----------------|
| 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: 6/30/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400181206 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)