

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:

400189792

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 05-123-23184-00 6. County: WELD
7. Well Name: CORNELIUS Well Number: 23-34
8. Location: QtrQtr: SWSE Section: 34 Township: 4N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>07/01/2009</u>		Date of First Production this formation: <u>09/19/2005</u>	
Perforations	Top: <u>7174</u> Bottom: <u>7188</u>	No. Holes: <u>56</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Drill down CIBP to commingle well w/ NBRR production.</div>			
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: _____			
<div></div>			
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: _____	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/01/2009 Date of First Production this formation: 07/03/2009

Perforations Top: 6912 Bottom: 7188 No. Holes: 122 Hole size: 0.38

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

NB PERF 6912-7060 HOLES 66 SIZE 0.38 CD PERF 7174-7188 HOLES 56 SIZE 0.38
REMOVED CIBP OVER CODL AND COMMINGLED WELL.

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

Test Information:

Date: 07/03/2009 Hours: 24 Bbls oil: 16 Mcf Gas: 273 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 16 Mcf Gas: 273 Bbls H2O: 0 GOR: 17063

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 300 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1219 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7140 Tbg setting date: 07/01/2009 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/06/2009 Date of First Production this formation: 06/18/2009

Perforations Top: 6912 Bottom: 7060 No. Holes: 66 Hole size: 0.38

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

COMMINGLE WELL W/ CODL PRODUCTION.

This formation is commingled with another formation: ☒ Yes ☐ 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: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

This well is on the Kerr-McGee Delinquency List for missing production for the CODL formation from 01/2010 to present and the NBRR formation from 01/2010 to present. This Form 5A is the most up to date on this wellbore. The CIBP was removed over CODL 7/1/09 and the NBRR and CODL formations were commingled 7/3/2009. Production will now be reported together as NBRR/CODL and not seperately. Thank you.

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

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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**

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Total: 0 comment(s)