

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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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 05-123-32311-00 6. County: WELD  
 7. Well Name: SWEETGRASS Well Number: 9-14  
 8. Location: QtrQtr: NESE Section: 14 Township: 1N Range: 68W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 06/14/2011 Date of First Production this formation: 08/29/2011  
 Perforations Top: 7570 Bottom: 7952 No. Holes: 112 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 NB PERF 7570-7800 HOLES 58 SIZE 0.42 CD PERF 7934-7952 HOLES 54 SIZE 0.38  
 Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 245,618 gal Slickwater w/ 200,960# 40/70, 4,000# SB Excel  
 Frac Codell down 4-1/2" Csg w/ 204,162 gal Slickwater w/ 150,200# 40/70, 4,000# SB Excel

This formation is commingled with another formation:  Yes  No

**Test Information:**  
 Date: 08/29/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 1 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 1 Bbls H2O: 0 GOR: 1000  
 Test Method: FLOWING Casing PSI: 2050 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1228 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: 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**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)