

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

Document Number:

400224376

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 05-123-23357-00 6. County: WELD
 7. Well Name: RITCHEY Well Number: 6-23
 8. Location: QtrQtr: SENW Section: 23 Township: 3N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 05/09/2011 Date of First Production this formation: 05/23/2006

Perforations Top: 7136 Bottom: 7150 No. Holes: 56 Hole size: 0.45

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

1/31/08 -CODL COMMINGLED WITH NBRR FORMATION.
5/9/11 -Re-Frac Codell down 4-1/2" Csg w/ 260,581 gal Slickwater w/ 211,740# 40/70, 4,000# SuperLC

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/29/2008 Date of First Production this formation: 01/31/2008

Perforations Top: 6870 Bottom: 7150 No. Holes: 180 Hole size: 0.42

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

NB-CD PRODUCING AFTER NB RECOMPLETE ON 1/31/2008.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/31/2008 Hours: 24 Bbls oil: 20 Mcf Gas: 200 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 200 Bbls H2O: 0 GOR: 10000

Test Method: FLOWING Casing PSI: 450 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1309 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7118 Tbg setting date: 05/18/2011 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: 01/29/2008 Date of First Production this formation: 01/31/2008

Perforations Top: 6870 Bottom: 7030 No. Holes: 124 Hole size: 0.38

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

1/29/08 -Frac NB C w/500 gal 15% HCl & 143,233 gal SW containing 94,668# 30/50 sand & 40/20# 20/40 SB Excel
1/29/08 -Frac NB B, A w/500 gal 15% HCl & 232,222 gal SW containing 141,039# 30/50 sand & 4020# 20/40 SB Excel

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: _____

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> |
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Total: 0 comment(s)