

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:

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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 05-123-32280-00 6. County: WELD
7. Well Name: COOLEY Well Number: 14-16
8. Location: QtrQtr: SWSW Section: 16 Township: 2N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/07/2011</u>	Date of First Production this formation: <u>11/22/2011</u>
Perforations Top: <u>7356</u> Bottom: <u>7611</u>	No. Holes: <u>130</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
<u>NB PERF 7356-7500 HOLES 66 SIZE 0.42 CD PERF 7595-7611 HOLES 64 SIZE 0.38</u> <u>Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 243,902 gal Slickwater w/ 201,140# 40/70, 4,000# SB Excel</u> <u>Frac Codell down 4-1/2" Csg w/ 208,116 gal Slickwater w/ 150,060# 40/70, 4,000# SB Exce</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/24/2011</u> Hours: <u>24</u> Bbls oil: <u>50</u> Mcf Gas: <u>200</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>50</u> Mcf Gas: <u>200</u> Bbls H2O: <u>0</u> GOR: <u>4000</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>2452</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1251</u> API Gravity Oil: <u>49</u>	
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: _____	

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)