

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400234688

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-22963-00
6. County: WELD
7. Well Name: BROWN Well Number: 8-6
8. Location: QtrQtr: SENE Section: 6 Township: 2N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 08/06/2010 Date of First Production this formation: 06/09/2005
Perforations Top: 7334 Bottom: 7350 No. Holes: 48 Hole size: 0.38

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

8/6/10 -release RBP over CODL
8/19/10 -commingle production with NBRR

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: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 08/16/2010 Date of First Production this formation: 08/19/2010

Perforations Top: 7106 Bottom: 7856 No. Holes: 204 Hole size: 0.38

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

8/6/10 -release RBP over CODL
8/19/10 -commingle NB-CD production with JSND production

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/19/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 63 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 63 Bbls H2O: 0 GOR: 6300

Test Method: FLOWING Casing PSI: 2050 Tubing PSI: 1300 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1452 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7310 Tbg setting date: 08/09/2010 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: J SAND Status: PRODUCING

Treatment Date: 08/06/2010 Date of First Production this formation: 05/01/2007

Perforations Top: 7794 Bottom: 7856 No. Holes: 100 Hole size: 0.38

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

8/6/10 -release RBP over CODL
8/19/10 -commingle NB-CD production with JSND 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/06/2010 Date of First Production this formation: 08/19/2010

Perforations Top: 7106 Bottom: 7350 No. Holes: 104 Hole size: 0.38

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

8/6/10 -release RBP over CODL
8/19/10 -commingle NB-CD production with JSND 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: SOLD Gas Type: WET 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 Status: COMMINGLED

Treatment Date: 06/25/2010 Date of First Production this formation: 06/30/2010

Perforations Top: 7106 Bottom: 7200 No. Holes: 56 Hole size: 0.42

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

8/6/10 -release RBP over CODL
8/19/10 -commingle production with CODL

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. THIS FORM 5A IS THE MOST UP TO DATE ON THIS WELLBORE. 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

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)