



## 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.

Document Number:

400256332

1. OGCC Operator Number: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-30671-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>NELSON</u>	Well Number: <u>2-35</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>35</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

### Completed Interval

FORMATION: J-NIOBRARA-CODELL		Status: COMMINGLED			
Treatment Date: 01/14/2012		Date of First Production this formation: 02/08/2012			
Perforations	Top: 7332	Bottom: 8087	No. Holes: 186	Hole size: 0.38	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>			
JSND REC					
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>					
Date: 02/19/2012	Hours: 24	Bbls oil: 11	Mcf Gas: 132	Bbls H2O: 0	
Calculated 24 hour rate:		Bbls oil: 11	Mcf Gas: 132	Bbls H2O: 0	GOR: 12000
Test Method: FLOWING		Casing PSI: 1420	Tubing PSI:	Choke Size:	
Gas Disposition: SOLD		Gas Type: WET	BTU Gas: 1382	API Gravity Oil: 50	
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:			

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>01/14/2012</u>		Date of First Production this formation: <u>02/08/2012</u>		
Perforations	Top: <u>8065</u>	Bottom: <u>8087</u>	No. Holes: <u>60</u>	Hole size: <u>0.43</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>Frac JSND down casing w/ 163,926 gal slickwater w/ 160,260# 40/70, 4,000# SB Excel.</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>				
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: _____		

Comment:

CHOKE N/A. NO WBD

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1      Date: \_\_\_\_\_      Email: CARA.MAHLER@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)