

**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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Date Received:

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: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL & 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>05-123-13001-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SWEET VALLEY FARMS-UPRR</u>	Well Number: <u>41-33</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>33</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 02/03/2012 Date of First Production this formation: 02/08/2012

Perforations Top: 6945 Bottom: 7260 No. Holes: 53 Hole size: 0.38

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

NB REFRAC

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/01/2012 Hours: 24 Bbls oil: 31 Mcf Gas: 277 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 31 Mcf Gas: 277 Bbls H2O: 0 GOR: 8935

Test Method: FLOWING Casing PSI: 600 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1243 API Gravity Oil: 59

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: NIORARA Status: COMMINGLED

Treatment Date: 02/03/2012 Date of First Production this formation: 02/08/2012

Perforations Top: 6945 Bottom: 7134 No. Holes: 75 Hole size: 0.42

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

NB REPERF (1/23/2012) 6954-7134 HOLES 62 SIZE .42
Re-fraced NB down 2 7/8" frac string w/250 gal 15% HCl and 241,152 gal slickwater containing 204,440# 40/70 sand and 4000# 20/40 SB Excel at avg 25.1 bpm & 5967 psi.

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: _____
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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)