

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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: 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 05-123-12893-00
6. County: WELD
7. Well Name: ISHIGURO
Well Number: 6
8. Location: QtrQtr: SENE Section: 36 Township: 5N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/07/2012 Date of First Production this formation: 03/21/1986

Perforations Top: 7128 Bottom: 7142 No. Holes: 54 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

Refrac CODL down 2.875" tbg w/ pkr ^ ni w/ 197,593 gal slickwater w/ 150,100# 40/70, 4,000# 20/40. Break not observed. ATP=6,148 psi; MTP=6,708 psi; ATR=25.6 bpm; ISDP=3,587 psi RETURN WELL TO PRODUCTION AFTER CDTF-NBRF ON 3/22/2012.

This formation is commingled with another formation: [X] 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: 03/07/2012 Date of First Production this formation: 12/23/1989
Perforations Top: 6804 Bottom: 7142 No. Holes: 99 Hole size: 0.42

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

NB PERF 6804-7016 HOLES 45 SIZE 0.42
CD PERF 7128-7142 HOLES 54 SIZE 0.38
RETURN WELL TO PRODUCTION AFTER CDTF-NBRF ON 3/22/2012.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/22/2012 Hours: 24 Bbls oil: 7 Mcf Gas: 140 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 140 Bbls H2O: 0 GOR: 18919
Test Method: FLOWING Casing PSI: 1575 Tubing PSI: 1575 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1274 API Gravity Oil: 62
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7089 Tbg setting date: 03/16/2012 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: 03/14/2012 Date of First Production this formation: 12/23/1989
Perforations Top: 6804 Bottom: 7016 No. Holes: 45 Hole size: 0.42

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

Refrac NBRR down 2.875" tbg w/ pkr ^ ni w/ 252 gal 15% HCl & 237,846 gal slickwater w/ 200,420# 40/70, 4,000# 20/40. Broke @ 5,172 psi @ 4.9 bpm. ATP=6,177 psi; MTP=6,792 psi; ATR=25.1 bpm; ISDP=3,712 psi
RETURN WELL TO PRODUCTION AFTER CDTF-NBRF ON 3/22/2012.

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

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)