

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-21973-00
6. County: WELD
7. Well Name: NICHOLS
Well Number: 15-6
8. Location: QtrQtr: SWSE Section: 6 Township: 2N Range: 65W Meridian: 6

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 08/04/2010 Date of First Production this formation: 10/05/2005
Perforations Top: 7768 Bottom: 7800 No. Holes: 80 Hole size: 0.45

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

Set CIBP @ 7380' w/ sand cap for mechanical integrity.

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:

JSND temporarily abandoned for CODL refrac.

Date formation Abandoned: 08/04/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7380 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/11/2010 Date of First Production this formation: 08/18/2010

Perforations Top: 7082 Bottom: 7332 No. Holes: 155 Hole size: 0.38

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

NBRR Perf 7082-7173 Holes 71 Size 0.38 CODL Perf 7314-7332 Holes 84 Size 0.38
Reperf CODL 7316-7328 Holes 48 Size 0.38
Refrac CODL w/ 209,538 gal SW & 151,080# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 08/31/2010 Hours: 24 Bbls oil: 8 Mcf Gas: 45 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 45 Bbls H2O: 0 GOR: 5625

Test Method: FLOWING Casing PSI: 982 Tubing PSI: 551 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1253 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7271 Tbg setting date: 08/13/2010 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: _____

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

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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: _____