

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

COMPLETED INTERVAL REPORT

Document Number:

400090445

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

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

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: \_\_\_\_\_