

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:  
400092858

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 05-123-22118-00  
6. County: WELD  
7. Well Name: BROWN  
Well Number: 2-6  
8. Location: QtrQtr: NWNE Section: 6 Township: 2N Range: 65W Meridian: 6

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED  
Treatment Date: 07/30/2010 Date of First Production this formation: 11/05/2007  
Perforations Top: 7796 Bottom: 7848 No. Holes: 101 Hole size: 0.38  
Provide a brief summary of the formation treatment: Open Hole:   
Set sand plug @ 7600'.  
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 NB-CD refrac.  
Date formation Abandoned: 07/30/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
Bridge Plug Depth: 7600 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/17/2010 Date of First Production this formation: 09/01/2010

Perforations Top: 7108 Bottom: 7358 No. Holes: 142 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NBRR Perf 7108-7218 Holes 80 Size 0.42 CODL Perf 7344-7358 Holes 62 Size 0.38  
Reperf CODL 7344-7354 Holes 20 Size 0.38.  
Refrac NB-CD w/ 250 gal 15% HCl & 261,450 gal SW & 207,780# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 09/07/2010 Hours: 24 Bbls oil: 11 Mcf Gas: 53 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 11 Mcf Gas: 53 Bbls H2O: 0 GOR: 4818

Test Method: FLOWING Casing PSI: 1324 Tubing PSI: 418 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1218 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7294 Tbg setting date: 08/19/2010 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: \_\_\_\_\_