

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:

2554294

**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 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 05-123-26900-00 6. County: WELD  
7. Well Name: TALLGRASS Well Number: 15-17  
8. Location: QtrQtr: SESE Section: 17 Township: 1N Range: 68W Meridian: 6

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 07/16/2009 Date of First Production this formation: 08/26/2009  
Perforations Top: 7962 Bottom: 7978 No. Holes: 64 Hole size: 38/100

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

FRAC CODL W/204,777 GAL SW & 151,900# 40/70 SAND & 4,000# 20/40 SB EXCEL.

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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/19/2010 Date of First Production this formation: 08/26/2009

Perforations Top: 7566 Bottom: 7978 No. Holes: 130 Hole size: 38/100

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

NBRR PERF 7566-7830 HOLES 66 SIZE 0.42 CODL PERF 7960-7978 HOLES 64 SIZE 0.38

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

**Test Information:**

Date: 01/19/2010 Hours: 24 Bbls oil: 23 Mcf Gas: 144 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 23 Mcf Gas: 144 Bbls H2O: 0 GOR: 6261

Test Method: FLOWING Casing PSI: 519 Tubing PSI: 369 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1305 API Gravity Oil: 49

Tubing Size: 2 + 24/64 Tubing Setting Depth: 7941 Tbg setting date: 12/07/2009 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: 07/16/2009 Date of First Production this formation: 08/26/2009

Perforations Top: 7566 Bottom: 7830 No. Holes: 66 Hole size: 42/100

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

FRAC NBRR W/219,505 GAL SW & 153,120# 40/70 SAND & 4,00# 20/40 SB EXCEL.

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: 5/17/2010 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: David S. Neslin Director of COGCC Date: 9/15/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2554294	FORM 5A SUBMITTED	LF @ 2500433 2554294

Total Attach: 1 Files