

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:  
2554284

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 05-123-26924-00  
6. County: WELD  
7. Well Name: TALLGRASS  
Well Number: 11-17  
8. Location: QtrQtr: NESW Section: 17 Township: 1N Range: 68W Meridian: 6

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
Treatment Date: 07/09/2009 Date of First Production this formation: 09/02/2009  
Perforations Top: 7933 Bottom: 7953 No. Holes: 60 Hole size: 38/100  
Provide a brief summary of the formation treatment: FRAC CODL W/205,368 GAL SW & 150,020# 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: 07/09/2009 Date of First Production this formation: 09/02/2009

Perforations Top: 7531 Bottom: 7953 No. Holes: 123 Hole size: 38/100

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

NRR PERF 7531-7800 HOLES 63 SIZE 0.42. CODL PERF 7933-7953 HOLES 60 SIZE 0.8

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 01/28/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 156 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 156 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 620 Tubing PSI: 231 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1299 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7888 Tbg setting date: 01/04/2010 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/09/2009 Date of First Production this formation: 09/02/2009

Perforations Top: 7531 Bottom: 7800 No. Holes: 63 Hole size: 42/100

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

FRAC NBRR W/243,992 GAL SW & 203,620# 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: \_\_\_\_\_

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

**Attachment Check List**

Att Doc Num	Name	Doc Description
2554284	FORM 5A SUBMITTED	LF@2500443 2554284

Total Attach: 1 Files