

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:

2554268

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 05-123-29333-00 6. County: WELD
7. Well Name: NYGREN Well Number: 6-19
8. Location: QtrQtr: SWNW Section: 19 Township: 4N Range: 67W Meridian: 6

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>06/23/2009</u>	Date of First Production this formation: <u>08/05/2009</u>
Perforations Top: <u>7480</u> Bottom: <u>7500</u>	No. Holes: <u>60</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
<u>FRAC CODL W/ 199,172 GAL SE & 150,680# 40/70 SAND & 4,000# 20/40 SB EXCEL.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/23/2010 Date of First Production this formation: 08/05/2009

Perforations Top: 7171 Bottom: 7500 No. Holes: 117 Hole size: 40/100

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

NBRR PERF 7171-7359 HOLES 57 SIZE 0.42.
CODL PERF 7480-7500 HOLES 60 SIZE 0.40.

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

Test Information:

Date: 03/24/2010 Hours: 24 Bbls oil: 60 Mcf Gas: 95 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 60 Mcf Gas: 95 Bbls H2O: 0 GOR: 1583

Test Method: FLOWING Casing PSI: 681 Tubing PSI: 539 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1309 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7450 Tbg setting date: 02/10/2010 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: 06/23/2009 Date of First Production this formation: 08/05/2009

Perforations Top: 7171 Bottom: 7359 No. Holes: 57 Hole size: 42/100

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

FRAC NBRR W/ 243,323 GAL SW & 201,600# 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 ANALYST II 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. Neslin Director of COGCC Date: 9/15/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554268	FORM 5A SUBMITTED	LF@2500446 2554268

Total Attach: 1 Files