

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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COMPLETED INTERVAL REPORT

Document Number:

2554268

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: CODELL Status: COMMINGLED  
 Treatment Date: 06/23/2009 Date of First Production this formation: 08/05/2009  
 Perforations Top: 7480 Bottom: 7500 No. Holes: 60 Hole size: 40/100  
 Provide a brief summary of the formation treatment: Open Hole:   
FRAC CODL W/ 199,172 GAL SE & 150,680# 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: 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