

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:

2554407

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 05-123-30121-00 6. County: WELD
7. Well Name: BRYANT Well Number: 24-30
8. Location: QtrQtr: NESE Section: 30 Township: 2N Range: 68W Meridian: 6

Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING
Treatment Date: 09/25/2009 Date of First Production this formation: 10/26/2009
Perforations Top: 7321 Bottom: 7636 No. Holes: 120 Hole size: 40/100
Provide a brief summary of the formation treatment: Open Hole: ☐
NBRR PERF 7321-7509 HOLES 66 SIZE 0.42. CODL PERF 7618-7636 HOLES 54 SIZE 0.40. FRAC NBRR W/500 GAL 15% HC1 & 249,070 GAL SW W/201,220# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CODL W/ 200,763 GAL SW & 150,800# 40/70 & 4,000# 20/40 SB EXCEL.

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

Test Information:

Date: 05/15/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: 8 Mcf Gas: 21 Bbls H2O: 0 GOR: 2625
Test Method: FLOWING Casing PSI: 1801 Tubing PSI: 451 Choke Size: 0
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1145 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7570 Tbg setting date: 05/03/2010 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: 5/18/2010 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: 9/17/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554407	FORM 5A SUBMITTED	LF@2494879 2554407

Total Attach: 1 Files