

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:

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**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  
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 05-123-21637-00  
6. County: WELD  
7. Well Name: FRICO  
Well Number: 14-15  
8. Location: QtrQtr: SWSW Section: 15 Township: 3N Range: 65W Meridian: 6

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/03/2010</u>	Date of First Production this formation: <u>09/14/2010</u>
Perforations Top: <u>7081</u> Bottom: <u>7266</u>	No. Holes: <u>117</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NBRR Perf 7081-7129 Holes 47 Size 0.42 CODL Perf 7252-7266 Holes 70 Size 0.38 Reperf CODL 7252-7266 Holes 42 Size 0.38. Refrac CODL w/ 162,497 gal SW & 115,350# 40/70 sand & 4,000# SB Excel.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>09/21/2010</u> Hours: <u>24</u> Bbls oil: <u>13</u> Mcf Gas: <u>119</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>13</u> Mcf Gas: <u>119</u> Bbls H2O: <u>0</u> GOR: <u>9154</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>485</u> Tubing PSI: <u>372</u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1263</u> API Gravity Oil: <u>57</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7205</u> Tbg setting date: <u>09/09/2010</u> 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: _____	

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: \_\_\_\_\_

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: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_