

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 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 05-123-22781-00 6. County: WELD
7. Well Name: XCEL Well Number: 14-10
8. Location: QtrQtr: SESW Section: 10 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/02/2006</u>		Date of First Production this formation: <u>05/16/2005</u>	
Perforations	Top: <u>7095</u> Bottom: <u>7115</u>	No. Holes: <u>60</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>No additional treatment.</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>02/02/2007</u>	Hours: <u>24</u>	Bbls oil: <u>3</u>	Mcf Gas: <u>34</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>3</u>	Mcf Gas: <u>34</u> Bbls H2O: <u>0</u> GOR: <u>11334</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2000</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1188</u>	API Gravity Oil: <u>52</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div></div>			
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: J SAND Status: PRODUCING

Perforations	Top:	7534	Bottom:	7580	No. Holes:	66	Hole size:	0.38
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Frac JSND w/ 16,044 gal SW & 85,460# 20/40 sand.

Test Information:

Calculated 24 hour rate:	Bbls oil:	2	Mcf Gas:	68	Bbls H2O:	0	GOR:	34000
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1188	API Gravity Oil:	52
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Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

It has come to our attention that the J-Sand recomplate performed in 2006 was never reported. Please use this Form 5A to update the producing formations.

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

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: _____