

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:
2555647

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:
Fax:

5. API Number 05-123-30767-00
6. County: WELD
7. Well Name: FREUND FEDERAL
Well Number: 25-7
8. Location: QtrQtr: NESW Section: 7 Township: 3N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/09/2010 Date of First Production this formation: 05/20/2010

Perforations Top: 7338 Bottom: 7637 No. Holes: 126 Hole size: 42/100

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

NB PERF 7338-7486 HOLES 62 SIZE 0.42. CD PERF 7621-7637 HOLES 64 SIZE 0.42. FRAC NB W/ 500 GAL 15% HCl AND 240538 GAL SW W/ 218020# 30/50 AND 8000# 20/40 SB EXCEL. FRAC CD W/ 201600 GAL SW W/ 151080# 30/50 AND 4000# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/01/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 14 Mcf Gas: 130 Bbls H2O: 0 GOR: 9286

Test Method: FLOWING Casing PSI: 1850 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1234 API Gravity Oil: 61

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: REG ANALYST II Date: 6/11/2010 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
2555647	FORM 5A SUBMITTED	LF@2506277 2555647

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	SURFACE LOCATION OF THIS WELL SHOULD BE 1638 FSL AND 1449 FWL SECTION 7 T3N R66W.	10/5/2010 10:02:45 AM

Total: 1 comment(s)