

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

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.

Document Number:

2556043

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 05-123-28187-00 6. County: WELD  
7. Well Name: KITELEY Well Number: 3-27  
8. Location: QtrQtr: SENW Section: 27 Township: 3N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/18/2008 Date of First Production this formation: 07/19/2009  
Perforations Top: 7130 Bottom: 7392 No. Holes: 126 Hole size: 38/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

NBRR PERF 7130-7258 HOLES 66 SIZE 0.42. CODL PERF 7372-7392 HOLES 60 SIZE 0.38. FRAC NBRR W/253,000 GAL SW & 205,000# 40/70 OTTAWA & 4,000# RESIN TAIL. FRAC CODL W/173,000 GAL SW & 117,000# 40/70 OTTAWA & 4,000# 20/40 RESIN TAIL.

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

**Test Information:**

Date: 05/05/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 25 Mcf Gas: 199 Bbls H2O: 0 GOR: 7960  
Test Method: FLOWING Casing PSI: 394 Tubing PSI: 357 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1248 API Gravity Oil: 49  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7354 Tbg setting date: 03/16/2010 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 Date: 6/16/2010 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: 10/15/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2556043	FORM 5A SUBMITTED	LF@2509746 2556043

Total Attach: 1 Files