

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:

2556723

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 05-123-30937-00 6. County: WELD
7. Well Name: STATE Well Number: 8-16
8. Location: QtrQtr: NENW Section: 16 Township: 1N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 06/04/2010 Date of First Production this formation: 06/29/2010
Perforations Top: 8130 Bottom: 8522 No. Holes: 122 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole: ☐
NBRR PERF 8130-8380 HOLES 62 SIZE 0.42 CODL PERF 8502-8522 HOLES 60 SIZE 0.42 FRAC NBRR W/504 GAL 15% HCL & 246,540 GAL SW & 200,340# 40/70 SAND & 4,000# SB EXCEL. FRAC CODL W/198,240 GAL SW & 150,640# 40/70 SAND & 4,000# SB EXCEL.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/04/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 8 Bbls H2O: 0 GOR: 533
Test Method: FLOWING Casing PSI: 1300 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1313 API Gravity Oil: 49
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: REGULATORY ANALYST II Date: 7/7/2010 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: 10/20/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556723	FORM 5A SUBMITTED	LF@2515191 2556723

Total Attach: 1 Files