

**FORM  
5A**Rev  
02/08State 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:

2509102

1. OGCC Operator Number: 47120 4. Contact Name: CINDY VUE  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 9296832  
3. Address: P O BOX 173779 Fax: (720) 9297832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31134-00 6. County: WELD  
7. Well Name: CURTIS Well Number: 23-25  
8. Location: QtrQtr: SWSE Section: 25 Township: 5N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 05/28/2010 Date of First Production this formation: 06/23/2010Perforations Top: 6946 Bottom: 7271 No. Holes: 118 Hole size: 38/100Provide a brief summary of the formation treatment: Open Hole: ☐

NB PERF 6946-7160 HOLES 62 SIZE 0.42. CD PERF 7257-7271 HOLES 56 SIZE 0.38. FRAC NB W/ 500 GAL 15% HCL AND 245574 GAL SW W/ 200250# 40/70 AND 4000# SB EXCEL. FRAC CD W/ 200991 GAL SW W/ 150000# 40/70 AND 4000# SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 07/01/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 34 Mcf Gas: 442 Bbls H2O: 0 GOR: 13000Test Method: FLOWING Casing PSI: 950 Tubing PSI: \_\_\_\_\_ Choke Size: 10/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 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 VUETitle: 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: 10/28/2010

**Attachment Check List**

| Att Doc Num | Name              | Doc Description    |
|-------------|-------------------|--------------------|
| 2509102     | FORM 5A SUBMITTED | LF@2514658 2509102 |

Total Attach: 1 Files