

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 05-123-31230-00 6. County: WELD  
7. Well Name: NRC Well Number: 37-8  
8. Location: QtrQtr: SWSE Section: 8 Township: 1N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/16/2010 Date of First Production this formation: 09/30/2010  
Perforations Top: 8298 Bottom: 8326 No. Holes: 58 Hole size: 0.38

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

Frac JSND w/ 147,000 gal SW & 115,780# 40/70 sand & 4,020# SB Excel.

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

**Test Information:**

Date: 10/24/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 89 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 89 Bbls H2O: 0 GOR: 2967  
Test Method: FLOWING Casing PSI: 600 Tubing PSI: \_\_\_\_\_ Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1153 API Gravity Oil: 48  
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: \_\_\_\_\_

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>08/19/2010</u>		Date of First Production this formation: <u>09/30/2010</u>		
Perforations	Top: <u>7498</u>	Bottom: <u>7864</u>	No. Holes: <u>142</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
NBRR Perf 7498-7720 Holes 78 Size 0.42      CODL Perf 7848-7864 Holes 64 Size 0.38 Frac NBRR w/ 252 gal 15% HCl & 253,676 gal SW & 201,380# 40/70 sand & 4,040# SB Excel. Frac CODL w/ 207,001 gal SW & 150,600# 40/70 sand & 4,060# SB Excel.				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>10/24/2010</u>	Hours: <u>24</u>	Bbls oil: <u>30</u>	Mcf Gas: <u>89</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>30</u>	Mcf Gas: <u>89</u>	Bbls H2O: <u>0</u> GOR: <u>2967</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>600</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1153</u>	API Gravity Oil: <u>48</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: _____		

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: \_\_\_\_\_ 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: \_\_\_\_\_