

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

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 05-123-24822-00 6. County: WELD  
 7. Well Name: ROBERT Well Number: 18-14  
 8. Location: QtrQtr: NENW Section: 14 Township: 4N Range: 66W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: J SAND Status: PRODUCING  
 Treatment Date: 10/07/2010 Date of First Production this formation: 10/21/2010  
 Perforations Top: 7784 Bottom: 7842 No. Holes: 70 Hole size: 0.38  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Frac JSND w/ 161,129 gal SW & 115,280# 40/70 sand & 4,000# SuperLC.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 10/28/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 41 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 41 Bbls H2O: 0 GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 1428 Tubing PSI: 1360 Choke Size: 16/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1244 API Gravity Oil: 52  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7765 Tbg setting date: 10/13/2010 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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/21/2010 Date of First Production this formation: 07/19/2007

Perforations Top: 6988 Bottom: 7317 No. Holes: 148 Hole size: 0.38

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

NBRR Perf 6988-7192 Holes 80 Size 0.42 CODL Perf 7300-7317 Holes 68 Size 0.38  
No additional treatment.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 10/28/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 42 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 42 Bbls H2O: 0 GOR: 42000

Test Method: FLOWING Casing PSI: 1428 Tubing PSI: 1360 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1244 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7765 Tbg setting date: 10/13/2010 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 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: \_\_\_\_\_