

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.

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 05-123-22170-00 6. County: WELD
7. Well Name: KRAUSE Well Number: 12-28
8. Location: QtrQtr: NWSW Section: 28 Township: 4N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/25/2010 Date of First Production this formation: 11/03/2010
Perforations Top: 7060 Bottom: 7374 No. Holes: 196 Hole size: 0.38

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

NBRR Perf 7060-7250 Holes 120 Size 0.45 CODL Perf 7358-7374 Holes 76 Size 0.38
Reperf CODL 7358-7374 Holes 48 Size 0.38.
Refrac CODL w/ 258,023 gal SW & 207,960# 40/70 sand & 4,260# SB Excel.

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

Test Information:

Date: 11/08/2010 Hours: 24 Bbls oil: 8 Mcf Gas: 330 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 330 Bbls H2O: 0 GOR: 41250
Test Method: FLOWING Casing PSI: 620 Tubing PSI: 377 Choke Size: 30/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1240 API Gravity Oil: 65
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7331 Tbg setting date: 10/27/2010 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

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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: _____