

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:

400109781

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-31383-00
6. County: WELD
7. Well Name: FIVE
Well Number: 31-9
8. Location: QtrQtr: SWNW Section: 9 Township: 4N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 10/20/2010 Date of First Production this formation: 11/04/2010
Perforations Top: 7002 Bottom: 7330 No. Holes: 108 Hole size: 0.38
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
Perf NB 7002-7194 Holes 44 Size 0.38 Perf CD 7314-7330 Holes 64 Size 0.38
Frac NB w/ 250 gal 15% HCl & 246,374 gal SW w/ 216,080# 40/70 & 4,000# SB Excel.
Frac CD w/ 198,534 gal SW w/ 151,760# 40/70 & 4,000# SB Excel.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 11/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 285 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 285 Bbls H2O: 0 GOR: _____
Test Method: FLOWING Casing PSI: 1296 Tubing PSI: 973 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1211 API Gravity Oil: 60
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7302 Tbg setting date: 11/09/2010 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: _____