

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:

2505038

**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 05-123-24431-00 6. County: WELD  
7. Well Name: BARCLAY Well Number: 24-27  
8. Location: QtrQtr: SWNE Section: 27 Township: 3N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

|  |                             |   |                                   |                            |
|--|-----------------------------|---|-----------------------------------|----------------------------|
| FORMATION: <u>CODELL</u>   |                             | Status: <u>COMMINGLED</u>   |                                   |                            |
| Treatment Date: <u>06/15/2010</u>                                  |                             | Date of First Production this formation: <u>06/07/2007</u>          |                                   |                            |
| Perforations   | Top: <u>7450</u>            | Bottom: <u>7466</u>   | No. Holes: <u>64</u>              | Hole size: <u>38/100</u>   |
| Provide a brief summary of the formation treatment:                |                             | Open Hole: <input type="checkbox"/>                                 |                                   |                            |
| <div>RELEASE RBP 06/15/2010 TO COMMINGLE WITH NB PRODUCTION.</div> |                             |   |                                   |                            |
| This formation is commingled with another formation:               |                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                   |                            |
| <b>Test Information:</b>   |                             |   |                                   |                            |
| Date: _____  | Hours: _____                | Bbls oil: _____   | Mcf Gas: _____                    | Bbls H2O: _____            |
| Calculated 24 hour rate: _____                                     |                             | Bbls oil: _____   | Mcf Gas: _____                    | Bbls H2O: _____ GOR: _____ |
| Test Method: _____   | Casing PSI: _____           | Tubing PSI: _____   | Choke Size: _____                 |                            |
| Gas Disposition: _____   | Gas Type: _____             | BTU Gas: _____  | API Gravity Oil: _____            |                            |
| Tubing Size: _____   | Tubing Setting Depth: _____ | Tbg setting date: _____   | Packer Depth: _____               |                            |
| Reason for Non-Production:<br><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: _____  |                                   |                            |

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/15/2010 Date of First Production this formation: 06/22/2010

Perforations Top: 7181 Bottom: 7466 No. Holes: 128 Hole size: 38/100

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

RELEASED RBP OVER CD TO COMMINGLE NB/CD PRODUCTION.

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

**Test Information:**

Date: 07/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 131 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 131 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 830 Tubing PSI: 400 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1249 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7434 Tbg setting date: 06/15/2010 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 Status: COMMINGLED

Treatment Date: 06/22/2010 Date of First Production this formation: 04/16/2010

Perforations Top: 7181 Bottom: 7336 No. Holes: 64 Hole size: 38/100

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

NO ADDITIONAL TREATMENT. COMMINGLED WITH CD PRODUCTION 06/22/2010.

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

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

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 VUE

Title: REGULATORY Date: 7/13/2010 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: 11/18/2010

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 2505038     | FORM 5A SUBMITTED |

Total Attach: 1 Files