

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:

2554647

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: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 04/09/2010 Date of First Production this formation: 06/07/2007
Perforations Top: 7450 Bottom: 7466 No. Holes: 64 Hole size: 38/100

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

SET RBP@7404 W/2 SACKS OF CEMENT FOR MECHANICAL INTEGRITY. OUR INTENT IS TO DRILL OUT THE CIBP AND CEMENT TO COMMINGLE WELL IN THE NEXT SIX MONTHS.

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:

CODL TEMPORARILY ABANDONED FOR NBRR RECOMPLETE.

Date formation Abandoned: 04/09/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7404 Sacks cement on top: 2

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 04/20/2010 Date of First Production this formation: 04/26/2010

Perforations Top: 7181 Bottom: 73396 No. Holes: 65 Hole size: 38/100

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

FRAC NBRR W/504 GAL 15% HC1 & 239,232 GAL SW & 200,000# 40/70 SAND & 40/70 SAND & 4,000# 20.40 SB EXCEL.

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

Test Information:

Date: 05/14/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 22 Mcf Gas: 158 Bbls H2O: 0 GOR: 7182

Test Method: FLOWING Casing PSI: 0 Tubing PSI: _____ Choke Size: 26/64

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

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: REG ANALYST II Date: 5/19/2010 Email CINDY.VUE@ANADARKOC.OM

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
2554647	FORM 5A SUBMITTED

Total Attach: 1 Files