

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:

2554646

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 05-123-22074-00 6. County: WELD
7. Well Name: BARCLAY Well Number: 4-27
8. Location: QtrQtr: NWNW Section: 27 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 04/09/2010 Date of First Production this formation: 04/26/2010
Perforations Top: 7150 Bottom: 7396 No. Holes: 177 Hole size: 42/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
NBRR PERF 7150-7296 HOLES 89 SIZE 0.42 CODL PERF 7380-7396 HOLES 88 SIZE 0.35 REPERF CODL 7380-7396 HOLES 64 SIZE 0.35. REFRAC CODL W/204,798 GAL SW & 150,060# 40/70 SAND & 4,000# 20/40 SB EXCEL.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 05/15/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: 21 Mcf Gas: 143 Bbls H2O: 0 GOR: 6810
Test Method: FLOWING Casing PSI: 547 Tubing PSI: 303 Choke Size: 34/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1252 API Gravity Oil: 54
Tubing Size: 2 + 24/64 Tubing Setting Depth: 7348 Tbg setting date: 04/15/2010 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: _____

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: 5/19/2010 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
2554646	FORM 5A SUBMITTED

Total Attach: 1 Files