

**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:

2554663

**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 05-123-12862-00 6. County: WELD  
7. Well Name: NELSON Well Number: 12-22  
8. Location: QtrQtr: NWSW Section: 22 Township: 6N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>03/11/2010</u>		Date of First Production this formation: <u>09/30/1986</u>		
Perforations	Top: <u>7068</u>	Bottom: <u>7079</u>	No. Holes: <u>65</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>		
<div>NO ADDITIONAL INFORMATION</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: _____				
<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: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>03/11/2010</u>		Date of First Production this formation: <u>04/22/2010</u>			
Perforations	Top: <u>6758</u>	Bottom: <u>7079</u>	No. Holes: <u>101</u>	Hole size: <u>38/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">NBRR PERF 6758-6963 HOLES 36 SIZE 0.42 CODL PERF 7068-7079 HOLES 65 SIZE 0.38.</div>					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>05/05/2010</u>	Hours: <u>24</u>	Bbls oil: <u>6</u>	Mcf Gas: <u>67</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>6</u>	Mcf Gas: <u>67</u>	Bbls H2O: <u>0</u>	GOR: <u>11167</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>750</u>	Tubing PSI: <u>475</u>	Choke Size: <u>26/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1308</u>	API Gravity Oil: <u>46</u>		
Tubing Size: <u>2 + 24/64</u>	Tubing Setting Depth: <u>7048</u>	Tbg setting date: <u>03/20/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>03/11/2010</u>		Date of First Production this formation: <u>04/22/2010</u>			
Perforations	Top: <u>6758</u>	Bottom: <u>6963</u>	No. Holes: <u>36</u>	Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">REPERF NBRR 6762-6906 HOLES 28 SIZE 0.42. REFRAC NBRR W/500 GAL 15%HCL &amp; 167,009 GAL SUPER Z HYBRID &amp; 250,960# 20/40 SAND &amp; 4,000# 20/40 SB EXCEL.</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: <div style="border: 1px solid black; height: 20px; width: 100%;"></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: _____			

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: 5/13/2010 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
2554663	FORM 5A SUBMITTED

Total Attach: 1 Files