

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:

2555205

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 05-123-21120-00 6. County: WELD
7. Well Name: BURCH Well Number: 3-1A
8. Location: QtrQtr: NENW Section: 1 Township: 2N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/16/2010</u>		Date of First Production this formation: <u>11/15/2002</u>	
Perforations	Top: <u>7756</u>	Bottom: <u>7776</u>	No. Holes: <u>80</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>REMOVE SAND PLUG @ 7700' TO COMMINGLE JSND W/ NB-CD. J/NB-CD RETURNED TO PRODUCTION 04/28/2010.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>05/10/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: <u>4</u>	Mcf Gas: <u>30</u> Bbls H2O: <u>0</u> GOR: <u>7500</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>966</u>	Tubing PSI: <u>694</u>	Choke Size: <u>28/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1290</u>	API Gravity Oil: <u>51</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7277</u>	Tbg setting date: <u>04/19/2010</u>	Packer Depth: _____
Reason for Non-Production: _____ _____			
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: _____ Date of First Production this formation: 12/22/2008

Perforations Top: 7100 Bottom: 7320 No. Holes: 108 Hole size: 38/100

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

NBRR PERF 7100-7176 HOLES 66 SIZE 0.42. CODL PERF 7308-7320 HOLES 48 SIZE 0.38. NO ADDITIONAL TREATMENT.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 05/10/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 4 Mcf Gas: 30 Bbls H2O: 0 GOR: 7500

Test Method: FLOWING Casing PSI: 966 Tubing PSI: 694 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1290 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7277 Tbg setting date: 04/19/2010 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: 5/25/2010 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: 11/19/2010**Attachment Check List**

Att Doc Num	Name
2555205	FORM 5A SUBMITTED

Total Attach: 1 Files