

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:

2555212

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 05-123-21360-00 6. County: WELD
7. Well Name: BRINK Well Number: 15-15A
8. Location: QtrQtr: SWSE Section: 15 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 04/07/2010 Date of First Production this formation: 04/22/2003
Perforations Top: 8054 Bottom: 8074 No. Holes: 60 Hole size: 38/100

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

SET SAND PLUG @ 7750'. OUR INTENT IS TO REMOVE THE SAND PLUG AND COMMINGLE THE 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:

JSND TEMPORARILY ABANDONED FOR NB-CD RECOMPLETE.

Date formation Abandoned: 04/07/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7750 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 04/15/2010

Date of First Production this formation: 04/28/2010

Perforations Top: 7235 Bottom: 7618 No. Holes: 129 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

NBRR PERF 7235-7394 HOLES 65 SIZE 0.42. CODL PERF 7602-7618 HOLES 64 SIZE 0.38. FRAC NBRR W/504 GAL 15% HC1 & 247,716 GAL SW W/200,480# 40/70 SAND & 120# 20/40 SB EXCEL. FRAC CODL W/203,490 GAL SW & 151,460# 30/50 SAND & 4,300# 20/40 SB EXCEL.

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

Date: 05/06/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 63 Mcf Gas: 166 Bbls H2O: 0 GOR: 2635

Test Method: FLOWING Casing PSI: 600 Tubing PSI: Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1218 API Gravity Oil: 47

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 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 G. Neslin Director of COGCC Date: 11/19/2010**Attachment Check List**

Att Doc Num	Name
2555212	FORM 5A SUBMITTED

Total Attach: 1 Files