

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:

2555413

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 05-123-24922-00 6. County: WELD
7. Well Name: CARMA Well Number: 12-35
8. Location: QtrQtr: NWSW Section: 35 Township: 3N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>04/26/2010</u>	Date of First Production this formation: <u>10/23/2008</u>
Perforations Top: <u>7362</u> Bottom: <u>7382</u>	No. Holes: <u>60</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>NO ADDITIONAL TREATMENT.</div>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: _____	
<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>04/26/2010</u>		Date of First Production this formation: <u>05/04/2010</u>			
Perforations	Top: <u>7154</u>	Bottom: <u>7382</u>	No. Holes: <u>120</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;">NBRR PERF 7154-7236 HOLES 60 SIZE 0.38. CODL PERF 7362-7382 HOLES 60 SIZE 0.42.</div>					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:					
Date: <u>05/23/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>5</u>	Mcf Gas: <u>108</u>	Bbls H2O: <u>0</u>	GOR: <u>21600</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>482</u>	Tubing PSI: <u>377</u>	Choke Size: <u>64/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1303</u>	API Gravity Oil: <u>46</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7346</u>	Tbg setting date: <u>04/28/2010</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>04/26/2010</u>		Date of First Production this formation: <u>05/04/2010</u>			
Perforations	Top: <u>7154</u>	Bottom: <u>7236</u>	No. Holes: <u>60</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;">FRAC NBRR W/ 500 GAL 15% HCl AND 243772 GAL SW AND 200940# 40/70 SAND & 4000# SUPERLC.</div>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:					
<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:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>CINDY VUE</u>	
Title: <u>REGULATORY ANALYST II</u>	Date: <u>6/1/2010</u>	Email <u>CINDY.VUE@ANADARKO.COM</u>	
:			

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: 11/22/2010

Attachment Check List

Att Doc Num	Name
2555413	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)