

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:

2555620

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 05-123-17846-00 6. County: WELD
7. Well Name: PSC Well Number: 14-9A
8. Location: QtrQtr: SWSW Section: 9 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 04/22/2010 Date of First Production this formation: 12/02/2002
Perforations Top: 7531 Bottom: 7570 No. Holes: 99 Hole size: 21/100

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

SET SAND PLUG @ 7139'. OUR INTENT IS TO REMOVE THE SAND PLUG TO COMMINGLE WELL WITHIN 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 CODL REFRAC.

Date formation Abandoned: 04/22/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7139 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/04/2010 Date of First Production this formation: 05/20/2010

Perforations Top: 6418 Bottom: 7100 No. Holes: 93 Hole size: 36/100

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

NBRR PERF 6418-6973 HOLES 13 SIZE 0.31. CODL PERF 7080-7100 HOLES 80 SIZE 0J.36. REPERF CODL 7080-7100 HOLES 60 SIZE 0.36. REFRAC CODL W/121,128 GAL VISTAR & 261,860# 20/40 SAND & 4,340# SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 05/27/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 72 Bbls H2O: 0 GOR: 7200

Test Method: FLOWING Casing PSI: 684 Tubing PSI: 524 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1202 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7054 Tbg setting date: 05/11/2010 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 Date: 6/10/2010 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: 11/23/2010

Attachment Check List

Att Doc Num	Name
2555620	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)