

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:

2555621

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 05-123-10721-00 6. County: WELD
7. Well Name: FT ST VRain Well Number: 15
8. Location: QtrQtr: SEnw Section: 2 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>05/14/2010</u>		Date of First Production this formation: <u>05/24/2010</u>		
Perforations	Top: <u>7599</u>	Bottom: <u>7640</u>	No. Holes: <u>31</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>REMOVE CIBP @ 7555' TO COMMINGLE JSND W/NB-CD.</u>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>06/03/2010</u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>
Calculated 24 hour rate:		Bbls oil: <u>2</u>	Mcf Gas: <u>6</u>	Bbls H2O: <u>0</u> GOR: <u>3000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>759</u>	Tubing PSI: <u>414</u>	Choke Size: <u>64/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1223</u>	API Gravity Oil: <u>60</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7558</u>	Tbg setting date: <u>05/21/2010</u>	Packer Depth: <u> </u>	
Reason for Non-Production: <u> </u>				
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>				
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>				

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/14/2010 Date of First Production this formation: 11/29/2004

Perforations Top: 6875 Bottom: 7182 No. Holes: 67 Hole size: 38/100

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

NBRR PERF 6875-6956 HOLES 33 SIZE 0.38. CODL PERF 7165-7182 HOLES 34 SIZE 0.38. NO ADDITIONAL TREATMENT.

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

Test Information:

Date: 06/03/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 6 Bbls H2O: 0 GOR: 3000

Test Method: FLOWING Casing PSI: 759 Tubing PSI: 414 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1223 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7558 Tbg setting date: 05/21/2010 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: 6/11/2010 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: 11/23/2010

Attachment Check List

Att Doc Num	Name
2555621	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)