

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:

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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 05-123-25571-00 6. County: WELD
7. Well Name: WATERFRONT Well Number: 9-34
8. Location: QtrQtr: SESE Section: 34 Township: 3N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/08/2010</u>		Date of First Production this formation: <u>11/15/2010</u>	
Perforations	Top: <u>7832</u>	Bottom: <u>7854</u>	No. Holes: <u>66</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac JSND w/ 163,548 gal SW & 115,640# 40/70 sand & 4,000# SB Excel.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>11/18/2010</u>	Hours: <u>24</u>	Bbls oil: <u>6</u>	Mcf Gas: <u>131</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>6</u>	Mcf Gas: <u>131</u> Bbls H2O: <u>0</u> GOR: <u>21833</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1217</u>	Tubing PSI: <u>1102</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1304</u>	API Gravity Oil: <u>53</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7795</u>	Tbg setting date: <u>11/11/2010</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: 11/15/2010 Date of First Production this formation: 12/11/2008

Perforations Top: 7119 Bottom: 7399 No. Holes: 124 Hole size: 0.38

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

NBRR Perf 7119-7253 Holes 64 Size 0.42 CODL Perf 7379-7399 Holes 60 Size 0.38
No additional treatment.

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

Test Information:

Date: 11/18/2010 Hours: 24 Bbls oil: 6 Mcf Gas: 131 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 6 Mcf Gas: 131 Bbls H2O: 0 GOR: 21833

Test Method: FLOWING Casing PSI: 1217 Tubing PSI: 1102 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1304 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7795 Tbg setting date: 11/11/2010 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 Analyst II Date: _____ Email Cindy.Vue@anadarko.com

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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: _____ Director of COGCC _____ Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)