

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:

2556288

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) 9296836
3. Address: P O BOX 173779 Fax: (720) 9297832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-16713-00 6. County: WELD
7. Well Name: OSTER Well Number: 13-15
8. Location: QtrQtr: NWSW Section: 15 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/15/2010 Date of First Production this formation: 06/09/2010

Perforations Top: 6852 Bottom: 7155 No. Holes: 88 Hole size: 31/100

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

NBRR PEF 6852-7038 HOLES 79 SIZE 0.38. CODL PERF 7146-7155 HOLES 9 SIZE 0.31. REPERF NBRR 6852-7038 HOLES 66 SIZE 0.38. REFRAC NBRR W/ 500 GAL 15% HCL AND 244956 GAL SW AND 200020# 30/50 SAND AND 4000# SUPER LC.

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

Test Information:

Date: 06/23/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 84 Bbls H2O: 0 GOR: 14000

Test Method: FLOWING Casing PSI: 759 Tubing PSI: 578 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1249 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7106 Tbg setting date: 03/24/2010 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: 6/25/2010 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 S. Neslin Director of COGCC Date: 11/24/2010

Attachment Check List

Att Doc Num	Name
2556288	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)