

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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COMPLETED INTERVAL REPORT

Document Number:  
2509074

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) 9296832  
 3. Address: P O BOX 173779 Fax: (720) 9297832  
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-11588-00 6. County: WELD  
 7. Well Name: BEIN Well Number: #1  
 8. Location: QtrQtr: NENW Section: 18 Township: 4N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 02/11/2010 Date of First Production this formation: 08/30/1985

Perforations Top: 7604 Bottom: 7616 No. Holes: 36 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

SET SAND PLUG @ 7357.

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: 02/11/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7357 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/22/2010 Date of First Production this formation: 03/25/2010

Perforations Top: 6824 Bottom: 7144 No. Holes: 88 Hole size: 40/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NBRR PERF 6824-7002 HOLES 8. CODL PERF 7126-7144 HOLES 80 SIZE 0.40. REPERF CODL 7126-7144 HOLES 72 SUZE 0.40. REFRAC CODL W/ 202336 GAL SW AND 150120# 40/70 SAND AND 4000# 20/40 SB EXCEL.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 04/17/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 8 Mcf Gas: 102 Bbls H2O: 0 GOR: 12750

Test Method: FLOWING Casing PSI: 644 Tubing PSI: 561 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1223 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7094 Tbg setting date: 03/04/2010 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: 7/1/2010 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: 11/30/2010

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)