

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

5. API Number 05-123-14485-00 6. County: WELD
7. Well Name: WARDELL UPRR Well Number: 32-7
8. Location: QtrQtr: SWNE Section: 7 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/03/2010 Date of First Production this formation: 06/18/2010

Perforations Top: 7122 Bottom: 7424 No. Holes: 92 Hole size: 38/100

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

NBRR PERF 7122-7196 HOLES 20 SIZE 0.38. CODL PERF 7408-7424 HOLES 72 SIZE 0.38. REPERF CODL 7408-7424 HOLES 32 SIZE 0.38. TRI-FRAC CODL W/162162 GALS SW & 115520 # 40/70 SAND & 4000# SUPERLC

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

Test Information:

Date: 06/30/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 201 Bbls H2O: 0 GOR: 13400

Test Method: FLOWING Casing PSI: 260 Tubing PSI: 220 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1275 API Gravity Oil: 61

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7378 Tbg setting date: 06/09/2010 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: 7/7/2010 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

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Total: 0 comment(s)