

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:

2511631

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: KENNY TRUEAX

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6383

3. Address: P O BOX 173779

Fax: (720) 929-7383

City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30981-00

6. County: WELD

7. Well Name: NORTHGLENN STATE

Well Number: 8-36

8. Location: QtrQtr: NWNE Section: 36 Township: 1N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date:	07/19/2010	Date of First Production this formation:	08/05/2010
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Perforations	Top:	7626	Bottom:	8066	No. Holes:	134	Hole size:	38/100
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Provide a brief summary of the formation treatment:

Open Hole:

NB PERF 7626-7906 HOLES 80 SIZE 0.42 CD PERF 8048-8066 HOLES 54 0.38 FRAC NB C243,201 GAL SW 247 GAL 15% HCL, 200,200# 40/70 SAND, 4,000# SB SAND FRAC CD W/204,206 GAL SW, 150,080# 40/70 SAND, 4,000# SB SAND

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

Test Information:

Date:	08/10/2010	Hours:	Bbls oil:	Mcf Gas:	Bbls H2O:
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Calculated 24 hour rate:	Bbls oil:	2	Mcf Gas:	2	Bbls H2O:	0	GOR:	1000
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Test Method: FLOWING	Casing PSI: 1500	Tubing PSI:	Choke Size: 10/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1204	API Gravity Oil:	47
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Tubing Size: Tubing Setting Depth: Tbg setting date: 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: KENNY TRUEAX

Title: REGULATORY ANALYST II Date: 8/11/2010 Email: KENNY.TRUEAX@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: 12/1/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)