

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2505021

**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 05-123-21054-00 6. County: WELD  
7. Well Name: DUKE STATE Well Number: 5-36A  
8. Location: QtrQtr: SWNW Section: 36 Township: 2N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/29/2009</u>		Date of First Production this formation: <u>10/07/2009</u>	
Perforations	Top: <u>7683</u>	Bottom: <u>7700</u>	No. Holes: <u>51</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>DRILL OUT CIBP &amp; CEMENT SET @ 7620' TO COMMINGLE CODL W/NBRR.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
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: _____			
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: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/29/2009</u>		Date of First Production this formation: <u>10/07/2009</u>	
Perforations	Top: <u>8124</u> Bottom: <u>8148</u>	No. Holes: <u>96</u>	Hole size: <u>44/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
DRILL OUT CIBP & CEMENT SET @ 7620' TO COMMINGLE JSND W/NB-CD.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>10/20/2009</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>3</u>	Mcf Gas: <u>14</u>	Bbls H2O: <u>0</u> GOR: <u>4667</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>120</u>	Tubing PSI: <u>120</u>	Choke Size: <u>28/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1314</u>	API Gravity Oil: <u>49</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8085</u>	Tbg setting date: <u>09/29/2009</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
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: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/29/2009</u>		Date of First Production this formation: <u>10/07/2009</u>	
Perforations	Top: <u>7462</u> Bottom: <u>7700</u>	No. Holes: <u>111</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NBRR PERF 7462-7562 HOLES 60 SIZE 0.42. CODL PERF 7683-7700 HOLES 51 SIZE 0.38.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>10/20/2009</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>2</u>	Mcf Gas: <u>81</u>	Bbls H2O: <u>0</u> GOR: <u>40500</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>120</u>	Tubing PSI: <u>120</u>	Choke Size: <u>28/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1314</u>	API Gravity Oil: <u>49</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8085</u>	Tbg setting date: <u>09/29/2009</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
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 Status: COMMINGLED

Treatment Date: 10/07/2009 Date of First Production this formation: 08/11/2009

Perforations Top: 7462 Bottom: 7562 No. Holes: 60 Hole size: 42/100

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

NO ADDITIONAL TREATMENT.

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:

\_\_\_\_\_

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 Date: 7/13/2010 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: 12/2/2010

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

--	--	--

Total: 0 comment(s)