

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) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-08001-00 6. County: WELD  
7. Well Name: HELEN MARIE PURSE Well Number: B1  
8. Location: QtrQtr: SENE Section: 2 Township: 3N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>06/07/2010</u>	Date of First Production this formation: <u>05/29/1974</u>
Perforations Top: <u>7651</u> Bottom: <u>7683</u>	No. Holes: <u>21</u> Hole size: <u>33/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>SET CIBP @ 7590'.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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:	
<u>JSND TEMPORARILY ABANDONED FOR NB-CD RECOMPLETE.</u>	
Date formation Abandoned: <u>06/07/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7590</u>	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 06/17/2010

Date of First Production this formation: 06/24/2010

Perforations Top: 6903 Bottom: 7214 No. Holes: 84 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

NBRR PERF 6903-7058 HOLES 44 SIZE 0.41. CODL PERF 7194-7214 HOLES 40 SIZE 0.41. FRAC NBRR W/167,752 GAL VISTAR & 248,760# 20/40 SAND & 4,160# SB EXCEL. FRAC CODL W/130,788 GAL VISTAR & 220,300# 20/40 SAND & 4,320# SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 07/01/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 69 Mcf Gas: 300 Bbls H2O: 0 GOR: 4348

Test Method: FLOWING Casing PSI: 2000 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1163 API Gravity Oil: 51

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: 7/14/2010 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: 12/3/2010**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)