

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:
2511462

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: CINDY VUE
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-07801-00
6. County: WELD
7. Well Name: GORDON TURKEY FARMS B U
Well Number: 1
8. Location: QtrQtr: SWSW Section: 10 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 06/03/2010 Date of First Production this formation: 08/18/1996

Perforations Top: 7557 Bottom: 7576 No. Holes: 76 Hole size: _____

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

SET CIBP & SAND PLUG @ 7500'.

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:

CODL TEMPORARILY ABANDONED FOR NBRR RECOMPLETE.

Date formation Abandoned: 06/03/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7500 Sacks cement on top: _____

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 06/03/2010 Date of First Production this formation: 10/07/1974

Perforations Top: 7988 Bottom: 8036 No. Holes: 36 Hole size: _____

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

SET CIBP & SAND PLUG @ 7500'.

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 NBRR RECOMPLETE.

Date formation Abandoned: 06/03/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7500 Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 06/15/2010 Date of First Production this formation: 07/08/2010

Perforations Top: 7278 Bottom: 7424 No. Holes: 68 Hole size: 42/100

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

FRAC NBRR W/500GAL 15% HCL & 170,272 GAL VISTAR HYBRID & 251,780# 20/40 SAND & 4,020# SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/14/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 15 Mcf Gas: 102 Bbls H2O: 0 GOR: 6800

Test Method: FLOWING Casing PSI: 783 Tubing PSI: 622 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1333 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7512 Tbg setting date: 06/18/2010 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: 7/22/2010 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. Nashin Director of COGCC Date: 12/7/2010

Attachment Check List

Att Doc Num	Name
2511462	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)