

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:

2511447

**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 05-123-20914-00 6. County: WELD  
7. Well Name: WELLMAN Well Number: 6-14A  
8. Location: QtrQtr: SENW Section: 14 Township: 2N 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>06/25/2010</u>	Date of First Production this formation: <u>08/02/2002</u>
Perforations Top: <u>7952</u> Bottom: <u>7990</u>	No. Holes: <u>68</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>SET SAND PLUG @ 7740'.</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>06/25/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7740</u>	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 07/01/2010

Date of First Production this formation: 07/08/2010

Perforations Top: 7224 Bottom: 7522 No. Holes: 108 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

NBRR PERF 7224-7366 HOLES 54 SIZE 0.42 CODL PERF 7504-7522 HOLES 54 SIZE 0.38 FRAC NBRR W/250 GAL 15% HCL & 252,029 GAL SW & 201,040# 40/70 SNAD & 4,000# SB EXCEL. FRAC CODL W/207,619 GAL SW & 150,780# 40/70 SAND & 4,000# SB EXCEL.

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

Date: 07/23/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 131 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1294 API Gravity Oil: 47

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 ANALYST II Date: 8/2/2010 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 G. Neslin Director of COGCC Date: 12/8/2010**Attachment Check List**

Att Doc Num	Name
2511447	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)