

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:

2511590

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) 9296832
3. Address: P O BOX 173779 Fax: (720) 9297832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-21375-00 6. County: WELD
7. Well Name: FRICO Well Number: 8-14
8. Location: QtrQtr: SENE Section: 14 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/18/2010</u>		Date of First Production this formation: <u>07/28/2010</u>	
Perforations	Top: <u>7584</u>	Bottom: <u>7617</u>	No. Holes: <u>80</u> Hole size: <u>45/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>DRILL OUT SAND PLUG SSET @ 7300 TO COMMINGLE JSND W/ NB-CD.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>07/31/2010</u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u> Bbls H2O: <u> </u>
Calculated 24 hour rate:		Bbls oil: <u>7</u>	Mcf Gas: <u>110</u> Bbls H2O: <u>0</u> GOR: <u>15714</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>806</u>	Tubing PSI: <u>774</u>	Choke Size: <u>18/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1278</u>	API Gravity Oil: <u>60</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7572</u>	Tbg setting date: <u>07/20/2010</u>	Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>			
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>			
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>			

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/28/2010 Date of First Production this formation: 06/22/2006

Perforations Top: 6844 Bottom: 7116 No. Holes: 162 Hole size: 38/100

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

NBRR PERF 6844-7000 HOLES 98 SIZE 0.42
NO ADDITIONAL TREATMENT

CODL PERF 7100-7116 HOLES 64 SIZE 0.38

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

Test Information:

Date: 07/31/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 47 Bbls H2O: 0 GOR: 23500

Test Method: FLOWING Casing PSI: 806 Tubing PSI: 774 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1278 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7572 Tbg setting date: 07/20/2010 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: CIDNY VUE

Title: REGULATORAY ANALYSTII Date: 8/6/2010 Email CINDY.VUE@ANADARKO.COM

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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
2511590	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)