

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:

400115202

**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: Kenny Trueax  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383  
3. Address: P O BOX 173779 Fax: (720) 929-7383  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-26202-00 6. County: WELD  
7. Well Name: DOUTHIT Well Number: 37-26  
8. Location: QtrQtr: SESE Section: 26 Township: 3N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>11/08/2010</u>		Date of First Production this formation: <u>04/14/2010</u>	
Perforations	Top: <u>7330</u>	Bottom: <u>7350</u>	No. Holes: <u>60</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Set RBP at 7281' w/2 sks sand to 7233'; drilled out 11/8/2010 Commingled with Niobrara on 11/18/2010</div>			
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: <div></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-CODELL Status: PRODUCING

Treatment Date: 11/02/2010 Date of First Production this formation: 11/18/2010

Perforations Top: 7128 Bottom: 7350 No. Holes: 120 Hole size: 0.38

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

NB Perfs: 7128-7214 Holes: 60 Size: .38  
Stimulate NB w/ 233,503 gal Slickwater w/100,460# 40/70 sand & 4,000# 20/40 SuperLC sand

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

**Test Information:**

Date: 12/08/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 202 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 202 Bbls H2O: 0 GOR: 6733

Test Method: Flowing Casing PSI: 1187 Tubing PSI: 863 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7294 Tbg setting date: 11/09/2010 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: Kenny Trueax

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email Kenny.Trueax@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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)