

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:

400092788

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 05-123-13175-00

6. County: WELD

7. Well Name: KAWATA

Well Number: 2-16

8. Location: QtrQtr: NWNE Section: 16 Township: 4N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	08/17/2010	Date of First Production this formation:	08/31/2010
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Perforations	Top:	6938	Bottom:	7280	No. Holes:	112	Hole size:	38/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

NBRR Perf 6938-7146 Holes 41 Size 0.38 CODL Perf 7268-7280 Holes 71 Size 0.38
 Trifrac CODL w/ 199,122 gal SW & 150,000# 40/70 sand & 4,000# SuperLC.

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

Test Information:

Date:	09/09/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	51	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	51	Bbls H2O:	0	GOR:
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Test Method: FLOWING	Casing PSI: 628	Tubing PSI: 595	Choke Size: 18/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1249	API Gravity Oil:	62
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 7226 Tbg setting date: 08/19/2010 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: 9/14/2010 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: 12/22/2010

Attachment Check List

Att Doc Num	Name
400092788	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)