

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400090921

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 05-123-15651-00 6. County: WELD
7. Well Name: FORT SAINT VRAIN Well Number: 21
8. Location: QtrQtr: NWNE Section: 9 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>08/10/2010</u>		Date of First Production this formation: <u>08/23/2010</u>		
Perforations	Top: <u>7088</u>	Bottom: <u>7100</u>	No. Holes: <u>40</u>	Hole size: <u>31/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>Trifrac CODL w/ 119,364 gal Vistar & 261,200# 20/40 sand & 4,040# SB Excel.</u>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: _____				
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: 08/10/2010 Date of First Production this formation: 08/23/2010

Perforations Top: 6856 Bottom: 7100 No. Holes: 84 Hole size: 31/100

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

NBRR Perf 6856-6864 Holes 44 Size 0.42 CODL Perf 7088-7100 Holes 40 Size 0.31

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

Test Information:

Date: 09/02/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 36 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 36 Bbls H2O: 0 GOR: _____

Test Method: FLOWING Casing PSI: 732 Tubing PSI: 607 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1371 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7062 Tbg setting date: 08/18/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 08/10/2010 Date of First Production this formation: 08/23/2010

Perforations Top: 6856 Bottom: 6864 No. Holes: 44 Hole size: 42/100

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

Frac NBRR w/ 252 gal 15% HCl & 170,142 gal Vistar Hybrid & 250,340# 20/40 sand & 4,080# SB Excel.

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: _____

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: 9/7/2010 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: 12/23/2010

Attachment Check List

Att Doc Num	Name
400090921	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)