

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:

400094233

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 05-123-21078-00 6. County: WELD
7. Well Name: GAULKE Well Number: 11-25A
8. Location: QtrQtr: NESW Section: 25 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>08/25/2010</u>	Date of First Production this formation: <u>09/08/2010</u>
Perforations Top: <u>7642</u> Bottom: <u>7658</u>	No. Holes: <u>80</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Reperf CODL 7642-7658 Holes 32 Size 0.38. Refrac CODL w/ 201,936 gal SW & 151,200# 40/70 sand & 4,000# SB Excel.	
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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 09/27/2004 Date of First Production this formation: 09/30/2002

Perforations Top: 8078 Bottom: 8098 No. Holes: 60 Hole size: 38/100

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

Set sand plug @ 7890'.

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:

JSND temporarily abandoned for CODL recomplete.

Date formation Abandoned: 09/27/2004 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7890 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/25/2010 Date of First Production this formation: 09/08/2010

Perforations Top: 7352 Bottom: 7658 No. Holes: 146 Hole size: 38/100

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

NBRR Perf 7352-7514 Holes 66 Size 0.38 CODL Perf 7642-7658 Holes 80 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 233,564 gal SW & 200,660# 40/70 sand & 4,000# SB Excel.

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

Test Information:

Date: 09/16/2010 Hours: 24 Bbls oil: 25 Mcf Gas: 43 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 43 Bbls H2O: 0 GOR: 1720

Test Method: FLOWING Casing PSI: 1707 Tubing PSI: 1155 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1378 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7596 Tbg setting date: 09/01/2010 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: 9/21/2010 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
400094233	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)