

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:

400096646

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 05-123-23192-00 6. County: WELD
7. Well Name: KARRE Well Number: 20-15
8. Location: QtrQtr: NESE Section: 15 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>09/16/2010</u>	Date of First Production this formation: <u>09/22/2010</u>
Perforations Top: <u>7104</u> Bottom: <u>7120</u>	No. Holes: <u>66</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Reperf CODL 7106-7112 Holes 18 Size 0.38. Refrac CODL w/ 192,683 gal SW & 150,480# 40/70 sand & 4,000# SuperLC.	
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: 09/16/2010 Date of First Production this formation: 09/22/2010

Perforations Top: 6810 Bottom: 7120 No. Holes: 122 Hole size: 38/100

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

NBRR Perf 6810-6998 Holes 56 Size 0.42 CODL Perf 7104-7120 Holes 66 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 240,561 gal SW & 201,240# 30/50 sand & 4,000# SuperLC.

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

Test Information:

Date: 09/28/2010 Hours: 24 Bbls oil: 35 Mcf Gas: 205 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 35 Mcf Gas: 205 Bbls H2O: 0 GOR: 5857

Test Method: FLOWING Casing PSI: 400 Tubing PSI: _____ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1323 API Gravity Oil: 57

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: 9/30/2010 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: 12/23/2010

Attachment Check List

Att Doc Num	Name
400096646	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)