

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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**COMPLETED INTERVAL REPORT**

Document Number:

400119170

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 05-123-15041-00 6. County: WELD  
 7. Well Name: LONGMONT FARMS GU B Well Number: 2  
 8. Location: QtrQtr: SWSE Section: 27 Township: 2N Range: 68W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED  
 Treatment Date: 10/20/2010 Date of First Production this formation: 09/07/1991  
 Perforations Top: 8058 Bottom: 8104 No. Holes: 184 Hole size: 0.5  
 Provide a brief summary of the formation treatment: Open Hole:   
J Sand under sand plug at 7855'-8055' for NB-CD recomplete  
 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:  
Recomplete and testing the NB-CD formations  
 Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/08/2010 Date of First Production this formation: 11/19/2010

Perforations Top: 7338 Bottom: 7650 No. Holes: 108 Hole size: 0.42

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

NB Perfs: 7338-7426 Holes: 54 Size: .42  
Frac NB w/ 252 gal 15% HCl & 218,232 gal Slickwater w/ 152,920# 40/70 sand, 4,120# SB Excel sand  
CD Perfs: 7632-7650 Holes: 54 Size: .42  
Frac CD w/ 134,148 gal Vistar w/ 221,120# 20/40 sand, 4,200# SB Excel sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 12/22/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 188 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 188 Bbls H2O: 0 GOR: 6266

Test Method: Flowing Casing PSI: 700 Tubing PSI: 663 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1130 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8055 Tbg setting date: 08/10/2001 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)