

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:

400100023

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: 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 05-123-31195-00 6. County: WELD
7. Well Name: VOGL Well Number: 26-6
8. Location: QtrQtr: NWNW Section: 5 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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|--|-----------------------------|---|---|
| FORMATION: <u>J SAND</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>08/26/2010</u> | | Date of First Production this formation: _____ | |
| Perforations | Top: <u>7798</u> | Bottom: <u>7828</u> | No. Holes: <u>60</u> Hole size: <u>38/100</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <div>J Sand Perfs: 7798-7828 Holes: 60 Size: 38 Frac J sand w/ 147,770 gal SW w/ 116,320# 40/70 sand, 4,000# SB Excel sand</div> | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Test Information: | | | |
| Date: <u>10/05/2010</u> | Hours: <u>24</u> | Bbls oil: <u>50</u> | Mcf Gas: <u>326</u> Bbls H2O: <u>0</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>50</u> | Mcf Gas: <u>326</u> Bbls H2O: <u>0</u> GOR: <u>6520</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>1000</u> | Tubing PSI: _____ | Choke Size: <u>14/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1271</u> | API Gravity Oil: <u>49</u> |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ |
| Reason for Non-Production: <div></div> | | | |
| 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: _____ | |

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|------------|-----------------|---------|-----------|
| FORMATION: | NIOBRARA-CODELL | Status: | PRODUCING |
|------------|-----------------|---------|-----------|

| | | | |
|-----------------|------------|--|------------|
| Treatment Date: | 10/08/2010 | Date of First Production this formation: | 08/26/2010 |
|-----------------|------------|--|------------|

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|--------------|------|------|---------|------|------------|-----|------------|--------|
| Perforations | Top: | 7142 | Bottom: | 7386 | No. Holes: | 126 | Hole size: | 47/100 |
|--------------|------|------|---------|------|------------|-----|------------|--------|

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

NB Perf: 7142-7248 Holes: 66 Size: .47 CD Perf: 7366-7386 Holes: 60 Size: .38
Frac NB w/ 250 gal 15% HCl & 245,954 gal SW w/ 201,060# 40/70 sand, 4,000# SB Excel sand
Frac CD w/ 204,078 gal SW w/ 150,040# 40/70 sand, 4,000# SB Excel sand

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

Test Information:

| | | | | | | | | | |
|-------|------------|--------|----|-----------|----|----------|-----|-----------|---|
| Date: | 10/05/2010 | Hours: | 24 | Bbls oil: | 50 | Mcf Gas: | 326 | Bbls H2O: | 0 |
|-------|------------|--------|----|-----------|----|----------|-----|-----------|---|

| | | | | | | | | |
|--------------------------|-----------|----|----------|-----|-----------|---|------|------|
| Calculated 24 hour rate: | Bbls oil: | 50 | Mcf Gas: | 326 | Bbls H2O: | 0 | GOR: | 6520 |
|--------------------------|-----------|----|----------|-----|-----------|---|------|------|

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|----------------------|------------------|-------------|-------------------|
| Test Method: Flowing | Casing PSI: 1000 | Tubing PSI: | Choke Size: 14/64 |
|----------------------|------------------|-------------|-------------------|

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|------------------|------|-----------|-----|----------|------|------------------|----|
| Gas Disposition: | SOLD | Gas Type: | WET | BTU Gas: | 1271 | API Gravity Oil: | 49 |
|------------------|------|-----------|-----|----------|------|------------------|----|

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: Kenny Trueax

Title: Regulatory Analyst II Date: 10/13/2010 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: 1/6/2011

Attachment Check List

| | |
|-------------|-------------------|
| Att Doc Num | Name |
| 400100023 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)