

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:

400100213

**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 05-123-31199-00 6. County: WELD  
7. Well Name: VOGL Well Number: 31-5  
8. Location: QtrQtr: NWNW Section: 5 Township: 2N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/09/2010</u>		Date of First Production this formation: <u>08/27/2010</u>	
Perforations	Top: <u>7902</u> Bottom: <u>7932</u>	No. Holes: <u>60</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>	
<u>J Sand Perfs: 7902-7932 Holes: 60 Size: .38</u> <u>Frac J Sand w/ 148,526 gal Slickwater w/ 116,000# 40/70 sand, 4,000# SB Excel sand</u>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>10/03/2010</u>	Hours: <u>24</u>	Bbls oil: <u>64</u>	Mcf Gas: <u>270</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>64</u>	Mcf Gas: <u>270</u> Bbls H2O: <u>0</u> GOR: <u>4219</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1100</u>	Tubing PSI: <u>0</u>	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: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8052</u>	Tbg setting date: <u>10/13/2010</u>	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: 08/16/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7250 Bottom: 7477 No. Holes: 120 Hole size: \_\_\_\_\_

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

NB Perfs: 7250-7334 Holes: 66 Size: .42 CD Perfs: 7459-7477 Holes: 54 Size: .38  
Frac NB w/ 250 gal 15% HCl & 244,694 gal SW w/ 200,280# 40/70 sand, 4,000# SuperLC sand  
Frac CD w/ 226,968 gal SW w/ 150,400# 40/70 sand, 4,000# SuperLC sand

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

**Test Information:**

Date: 09/22/2010 Hours: 24 Bbls oil: 76 Mcf Gas: 264 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 76 Mcf Gas: 264 Bbls H2O: 0 GOR: 3474

Test Method: Flowing Casing PSI: 1100 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

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: 10/21/2010 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: David S. Neslin Director of COGCC Date: 1/6/2011

**Attachment Check List**

Att Doc Num	Name
400100213	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)