

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:

400123759

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  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-37  
4. Contact Name: Kenny Trueax  
Phone: (720) 929-6383  
Fax: (720) 929-7383

5. API Number 05-123-24170-00  
6. County: WELD  
7. Well Name: REYNOLDS Well Number: 29-24  
8. Location: QtrQtr: NENW Section: 24 Township: 3N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 11/29/2010 Date of First Production this formation: 03/01/2007

Perforations Top: 7382 Bottom: 7402 No. Holes: 60 Hole size: 0.45

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

Commingled with Niobrara

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:  
\_\_\_\_\_

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: 11/29/2010 Date of First Production this formation: 12/07/2010

Perforations Top: 7119 Bottom: 7402 No. Holes: 124 Hole size: 0.42

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

NB Perf: 7119-7263 Holes: 64 Size: .42  
Frac NB w/250 gal 15% HCl and 249,136 gal SW containing 200,420# 40/70 sand and 4000# 20/40 SB Excel sand  
CD Perf: 7382-7402 Holes: 60 Size: .45 (no new perfs)  
Frac CD w/170,944 gal SW containing 115,660# 40/70 sand and 4000# 20/40 SB Excel sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 12/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 60 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 60 Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: 8 Tubing PSI: 318 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1205 API Gravity Oil: \_\_\_\_\_

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: \_\_\_\_\_ 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)