

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400110743

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 05-123-25541-00 6. County: WELD
7. Well Name: WATERFRONT Well Number: 11-34
8. Location: QtrQtr: SESW Section: 34 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/08/2010</u>	Date of First Production this formation: <u>11/15/2010</u>
Perforations Top: <u>7938</u> Bottom: <u>7960</u>	No. Holes: <u>66</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac JSND w/ 163,086 gal SW & 115,120# 40/70 sand & 4,000# SB Excel.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/19/2010</u> Hours: <u>24</u> Bbls oil: <u>7</u> Mcf Gas: <u>95</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>7</u> Mcf Gas: <u>95</u> Bbls H2O: <u>0</u> GOR: <u>13571</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>1325</u> Tubing PSI: <u>896</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1315</u> API Gravity Oil: <u>53</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7905</u> Tbg setting date: <u>11/10/2010</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: 11/15/2010 Date of First Production this formation: 12/16/2008

Perforations Top: 7228 Bottom: 7512 No. Holes: 126 Hole size: 0.38

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

NBRR Perf 7228-7370 Holes 66 Size 0.42 CODL Perf 7492-7512 Holes 60 Size 0.38
No additional treatment.

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

Test Information:

Date: 11/19/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 95 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 7 Mcf Gas: 95 Bbls H2O: 0 GOR: 13571

Test Method: FLOWING Casing PSI: 1325 Tubing PSI: 896 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1315 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7905 Tbg setting date: 11/10/2010 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: 11/22/2010 Email Cindy.Vue@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 G. Neslin Director of COGCC Date: 1/18/2011

Attachment Check List

Att Doc Num	Name
400110743	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)