

**FORM  
5A**Rev  
02/08State 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

**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.

Document Number:

400127645

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 05-123-31854-00 6. County: WELD  
7. Well Name: STROHAUER Well Number: 24-14  
8. Location: QtrQtr: NENE Section: 14 Township: 4N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 01/04/2011 Date of First Production this formation: 01/17/2011  
Perforations Top: 7199 Bottom: 7462 No. Holes: 110 Hole size: 0.42

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

NB Perf 7199-7326 Holes 54 Size 0.42 CD Perf 7448-7462 Holes 56 Size 0.41  
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 239,320 gal Slickwater w/ 45,320# 40/70, 4,000# SB Excel.  
Frac Codell down 4-1/2" Csg w/ 204,021 gal Slickwater w/ 34,660# 40/70, 4,000# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 01/25/2011 Hours: 24 Bbls oil: 49 Mcf Gas: 116 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 49 Mcf Gas: 116 Bbls H2O: 0 GOR: 2367  
Test Method: FLOWING Casing PSI: 200 Tubing PSI:        Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1287 API Gravity Oil: 58  
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: Cindy VueTitle: Regulatory Analyst II Date: 1/26/2011 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 S. Neslin Director of COGCC Date: 2/1/2011

**Attachment Check List**

Att Doc Num	Name
400127645	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)