

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:

400129776

## 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            05-123-23852-00

6. County: WELD

7. Well Name: BELLA

Well Number: 23-8

8. Location: QtrQtr: SESW Section: 8 Township: 3N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: NIOBRARA-CODELL                      Status: PRODUCING

Treatment Date:	12/28/2010	Date of First Production this formation:	08/09/2006
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Perforations	Top:	7188	Bottom:	7494	No. Holes:	170	Hole size:	0.42
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Provide a brief summary of the formation treatment: Open Hole: ☐

NB Perf 7188-7350 Holes 116 Size 0.42  
CD Perf 7476-7494 Holes 54 Size 0.42  
Re-Frac Codell / Niobrara down 4-1/2" Csg w/ 429,450 gal Slickwater w/ 342,820# 40/70, 8,000# SuperLC

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

**Test Information:**

Date:	01/24/2011	Hours:	24	Bbls oil:	6	Mcf Gas:	168	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	6	Mcf Gas:	168	Bbls H2O:	0	GOR:	28000
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Test Method: FLOWING	Casing PSI: 1	Tubing PSI:	Choke Size: 24/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1235	API Gravity Oil:	57
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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 Vue

Title: Regulatory Analyst II                      Date: 2/2/2011                      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: 2/3/2011

**Attachment Check List**

Att Doc Num	Name
400129776	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)