

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:

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**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: CARA MAHLER  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029  
3. Address: P O BOX 173779 Fax: (720) 929-7029  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31384-00 6. County: WELD  
7. Well Name: NRC Well Number: 14-8  
8. Location: QtrQtr: NWSW Section: 8 Township: 1N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/04/2011</u>	Date of First Production this formation: <u>01/20/2011</u>
Perforations Top: <u>8732</u> Bottom: <u>8402</u>	No. Holes: <u>66</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac J-Sand down 4-1/2" Csg w/ 146,118 gal Slickwater w/ 115,500# 40/70, 4,380# SB Excel.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>01/26/2011</u> Hours: <u>24</u> Bbls oil: <u>25</u> Mcf Gas: <u>38</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>25</u> Mcf Gas: <u>38</u> Bbls H2O: <u>0</u> GOR: <u>1520</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1400</u> Tubing PSI: _____ Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1289</u> API Gravity Oil: <u>50</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: 01/10/2011 Date of First Production this formation: 01/20/2011

Perforations Top: 7690 Bottom: 7942 No. Holes: 120 Hole size: 0.42

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

NB PERF 7690-7796 HOLES 60 SIZE 0.42 CD PERF 7922-7942 HOLES 60 SIZE 0.40  
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 225,458 gal Slickwater w/ 200,540# 40/70, 4,360# SB Excel, 0# .  
Frac Codell down 4-1/2" Csg w/ 251,118 gal Slickwater w/ 150,100# 40/70, 4,000# SB Excel, 0# .

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

**Test Information:**

Date: 01/26/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 38 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 25 Mcf Gas: 38 Bbls H2O: 0 GOR: 1520

Test Method: FLOWING Casing PSI: 1400 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 50

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: CARA MAHLER

Title: REGULATORY ANALYST I Date: \_\_\_\_\_ Email CARA.MAHLER@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)