

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:

400131609

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 05-123-31328-00 6. County: WELD  
 7. Well Name: NRC Well Number: 15-8  
 8. Location: QtrQtr: SWSE Section: 8 Township: 1N Range: 67W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: DAKOTA Status: ABANDONED COMPLETION

Treatment Date: 09/03/2010 Date of First Production this formation: 09/03/2010

Perforations Top: 8458 Bottom: 8464 No. Holes: 48 Hole size: 0.38

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

Frac Dakota down 2-7/8" Tbg w/ Pkr w/ 29,694 gal Vistar w/ 48,960# 20/40, 8,080# SB Excel, 0# .  
Set CIBP @ 8410' KB. Dumped 2 sx cement.  
9/3/2010 TURNED ON WELL BUT NEVER WENT TO SALES

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: \_\_\_\_\_

INCAPABLE OF PRODUCING IN PAYABLE QUANTITIES

Date formation Abandoned: 12/09/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 8410 Sacks cement on top: 2

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/27/2010 Date of First Production this formation: 01/07/2011

Perforations Top: 7608 Bottom: 7860 No. Holes: 120 Hole size: 0.42

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

NB PERF 7608-7714 HOLES 60 SIZE 0.42 CD PERF 7840-7860 HOLES 60 SIZE 0.42  
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 247,422 gal Slickwater w/ 200,280# 40/70, 4,060# SB Excel.  
Frac Codell down 4-1/2" Csg w/ 202,440 gal Slickwater w/ 150,360# 40/70, 4,020# SB Excel.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 01/29/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 40 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 40 Bbls H2O: 0 GOR: 500

Test Method: FLOWING Casing PSI: 1360 Tubing PSI: \_\_\_\_\_ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 976 API Gravity Oil: 40

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 1 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
400131641	CEMENT JOB SUMMARY

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)