

**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

Document Number:

400131609

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 05-123-31328-00 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 IntervalFORMATION: 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)