

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:

400132197

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 05-001-09722-00 6. County: ADAMS
7. Well Name: TALON VIEW Well Number: 12-9
8. Location: QtrQtr: SENW Section: 9 Township: 1S 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>01/26/2011</u>
Perforations Top: <u>8722</u> Bottom: <u>8750</u>	No. Holes: <u>56</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac J-Sand down 4-1/2" Csg w/ 145,362 gal Slickwater w/ 115,120# 40/70, 4,000# SB Excel.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/08/2011</u> Hours: <u>24</u> Bbls oil: <u>19</u> Mcf Gas: <u>21</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>19</u> Mcf Gas: <u>21</u> Bbls H2O: <u>0</u> GOR: <u>1105</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1400</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1234</u> API Gravity Oil: <u>40</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: 01/17/2011 Date of First Production this formation: 01/26/2011

Perforations	Top:	7852	Bottom:	8303	No. Holes:	124	Hole size:	0.42
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Provide a brief summary of the formation treatment: Open Hole: ☐

NB Perf 7852-8142 Holes 64 Size 0.42 CD Perf 8283-8303 Holes 60 Size 0.42
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 246,036 gal Slickwater w/ 200,660# 30/50, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 193,032 gal Slickwater w/ 150,080# 40/70, 4,000# SB Excel

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

Test Information:

Date:	02/08/2011	Hours:	24	Bbls oil:	19	Mcf Gas:	21	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	19	Mcf Gas:	21	Bbls H2O:	0	GOR:	1105
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Test Method: FLOWING	Casing PSI: 1400	Tubing PSI:	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1234	API Gravity Oil:	40
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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: 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: _____ 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)