

**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



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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 05-123-22307-00 6. County: WELD
7. Well Name: BOULTER FEDERAL Well Number: 14-18
8. Location: QtrQtr: NESW Section: 18 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed IntervalFORMATION: J SAND Status: TEMPORARILY ABANDONEDTreatment Date: 12/21/2010 Date of First Production this formation: 06/15/2005Perforations Top: 7852 Bottom: 7920 No. Holes: 120 Hole size: 0.38Provide a brief summary of the formation treatment: Open Hole: ☐pump 2455# of 20/40 sand. Top of Sand Plug at 7650.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:

SET SAND PLUG FOR NB/CD REFRAC.Date formation Abandoned: 12/21/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 01/06/2011

Date of First Production this formation: 01/19/2011

Perforations Top: 7132 Bottom: 7430 No. Holes: 153 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 7132-7272 HOLES 93 SIZE 0.38

CD PERF 7410-7430 HOLES 60 SIZE 0.38

Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 249,522 gal Slickwater w/ 200,480# 40/70, 4,160# SB Excel.

Re-Frac Codell down 4-1/2" Csg w/ 204,456 gal Slickwater w/ 150,120# 40/70, 4,000# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 02/15/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 85 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 85 Bbls H2O: 0 GOR: 12143

Test Method: FLOWING Casing PSI: 450 Tubing PSI: 0 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1310 API Gravity Oil: 54

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

User Group	Comment	Comment Date

Total: 0 comment(s)