

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:

400145057

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 05-123-32052-00 6. County: WELD
7. Well Name: WIEDEMAN Well Number: 6-5
8. Location: QtrQtr: NENW Section: 5 Township: 5N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/08/2011 Date of First Production this formation: 02/28/2011
Perforations Top: 6958 Bottom: 7290 No. Holes: 91 Hole size: 0.42

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

NB Perf 6958-7168 Holes 37 Size 0.42 CD Perf 7272-7290 Holes 54 Size 0.40
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 240,303 gal Slickwater w/ 200,380# 40/70, 4,000# SuperLC
Frac Codell down 4-1/2" Csg w/ 204,326 gal Slickwater w/ 150,220# 40/70, 4,000# SuperLC

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

Test Information:

Date: 03/21/2011 Hours: 24 Bbls oil: 90 Mcf Gas: 342 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 90 Mcf Gas: 342 Bbls H2O: 0 GOR: 3800
Test Method: FLOWING Casing PSI: 1027 Tubing PSI: _____ Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 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: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email Cindy.Vue@anadarko.com
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Attachment Check List

Att Doc Num	Name
400145057	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)