

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:

400145210

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 05-123-31337-00 6. County: WELD
7. Well Name: NRC Well Number: 6-9
8. Location: QtrQtr: SWNW Section: 9 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED

Treatment Date: 10/07/2010 Date of First Production this formation: _____
Perforations Top: 8408 Bottom: 8448 No. Holes: 80 Hole size: 0.38

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

Perforated only, no formation treatment.
Set sand plug @ 8300'

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 @ 8300'
Plan to recompleat in a higher zone of this formation.

Date formation Abandoned: 01/20/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: <u>J-NIOBRARA-CODELL</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/14/2011</u>		Date of First Production this formation: <u>03/01/2011</u>			
Perforations	Top: <u>7546</u>	Bottom: <u>8254</u>	No. Holes: <u>166</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NB Perf 7546-7658 Holes 58 Size 0.38 CD Perf 7786-7804 Holes 54 Size 0.42 J S Perf 8230-8254 Holes 54 Size 0.38					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>03/19/2011</u>	Hours: <u>24</u>	Bbls oil: <u>82</u>	Mcf Gas: <u>266</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>82</u>	Mcf Gas: <u>266</u>	Bbls H2O: <u>0</u>	GOR: <u>3244</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1532</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1135</u>	API Gravity Oil: <u>42</u>	
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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: <u>J SAND</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>02/14/2011</u>		Date of First Production this formation: <u>03/01/2011</u>			
Perforations	Top: <u>8230</u>	Bottom: <u>8254</u>	No. Holes: <u>54</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac J-Sand down 4-1/2" Csg w/ 143,467 gal Slickwater w/ 116,300# 40/70, 4,000# SB Excel					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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: 02/21/2011 Date of First Production this formation: 03/01/2011

Perforations Top: 7546 Bottom: 7804 No. Holes: 112 Hole size: 0.38

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

NB Perf 7546-7658 Holes 58 Size 0.38 CD Perf 7786-7804 Holes 54 Size 0.42
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 236,155 gal Slickwater w/ 202,420# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 218,560 gal Slickwater w/ 150,840# 40/70, 4,000# SB Excel

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:

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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)