

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



DE ET OE ES

Document Number:

400146449

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 05-123-17466-00 6. County: WELD
 7. Well Name: UPRC Well Number: 31-16K
 8. Location: QtrQtr: SESE Section: 31 Township: 3N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED
 Treatment Date: 11/15/2010 Date of First Production this formation: 01/31/2002
 Perforations Top: 7761 Bottom: 7825 No. Holes: 102 Hole size: 0.23
 Provide a brief summary of the formation treatment: _____ Open Hole:
SAND PLUG SET @ 7400'-7818'
 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:
SAND PLUG SET @ 7400'-7818'
 Date formation Abandoned: 11/15/2010 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 7818 Sacks cement on top: _____

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 12/20/2011 Date of First Production this formation: 02/25/2011
Perforations Top: 7112 Bottom: 7354 No. Holes: 107 Hole size: 0.38

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

NB REPERF (11/16/2010) 7112-7232 HOLES 62 SIZE .38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 242,930 gal Slickwater w/ 200,740# 40/70, 4,000# SB Excel, 0# .
CD PERF (11/16/2010) 7338-7354 HOLES 32 SIZE .38
Re-Frac Codell down 4-1/2" Csg w/ 205,338 gal Slickwater w/ 150,440# 40/70, 4,000# SB Excel, 0# .
(12/20/2010) SAND PLUG SET @ 7275. (2/7/2011) SAND PLUG REMOVED.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/19/2011 Hours: 24 Bbls oil: 17 Mcf Gas: 60 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 60 Bbls H2O: 0 GOR: 3529
Test Method: FLOWING Casing PSI: 629 Tubing PSI: 322 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 54
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7300 Tbg setting date: 02/07/2011 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:

COULD NOT CHANGE GAS DISPOSITION AND GAS TYPE TO BLANK ON THE JSND. PLEASE DISREGARD.

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

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)