

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

COMPLETED INTERVAL REPORT

Document Number:

400146771

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 05-123-31655-00 6. County: WELD  
7. Well Name: WINTERS Well Number: 35-3  
8. Location: QtrQtr: NWSW Section: 3 Township: 5N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/17/2011 Date of First Production this formation: 03/07/2011

Perforations Top: 7022 Bottom: 7313 No. Holes: 111 Hole size: 0.38

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

NB Perf 7022-7214 Holes 60 Size 0.42 CD Perf 7296-7313 Holes 51 Size 0.38  
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 240,985 gal Slickwater w/ 100,440# 30/50, 4,000# SuperLC  
Frac Codell down 4-1/2" Csg w/ 201,113 gal Slickwater w/ 75,440# 30/50, 4,000# SuperLC

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 03/21/2011 Hours: 24 Bbls oil: 87 Mcf Gas: 178 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 87 Mcf Gas: 178 Bbls H2O: 0 GOR: 2046

Test Method: FLOWING Casing PSI: 835 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1272 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

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)