

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:

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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 05-123-31601-00 6. County: WELD  
 7. Well Name: DRY CREEK Well Number: 5-27  
 8. Location: QtrQtr: NWNW Section: 27 Township: 1N Range: 67W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/25/2011 Date of First Production this formation: 03/08/2011  
 Perforations Top: 7458 Bottom: 7880 No. Holes: 122 Hole size: 0.47

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

NB PERF 7458-7724 HOLES 62 SIZE .47 CD PERF 7860-7880 HOLES 60 SIZE .38  
 Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 245,492 gal Slickwater w/ 200,446# 40/70, 4,160# SuperLC, 0#.  
 Frac Codell down 4-1/2" Csg w/ 197,358 gal Slickwater w/ 150,140# 40/70, 4,340# SuperLC, 0# .

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: \_\_\_\_\_

FORMATION: NIORARA-CODELL-SUSSEX Status: COMMINGLED

Treatment Date: 02/22/2011 Date of First Production this formation: 03/08/2011

Perforations Top: 4966 Bottom: 7880 No. Holes: 174 Hole size: 0.42

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

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 03/29/2011 Hours: 24 Bbls oil: 64 Mcf Gas: 54 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 64 Mcf Gas: 54 Bbls H2O: 0 GOR: 844

Test Method: FLOWING Casing PSI: 1475 Tubing PSI: 1250 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1234 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7847 Tbg setting date: 03/25/2011 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: \_\_\_\_\_

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 02/22/2011 Date of First Production this formation: 03/08/2011

Perforations Top: 4966 Bottom: 5022 No. Holes: 52 Hole size: 0.42

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

Frac Sussex down 4-1/2" Csg w/ 20,832 gal Lightning N2 w/ 180,420# 16/30, 20,660# SB Excel, 0# .

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: 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)