

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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**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 05-123-23569-00 6. County: WELD  
7. Well Name: RURAL Well Number: 20-31  
8. Location: QtrQtr: SWSE Section: 31 Township: 4N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/15/2011 Date of First Production this formation: 07/10/2006  
Perforations Top: 7102 Bottom: 7208 No. Holes: 124 Hole size: 0.42

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

NB Perf 7102-7208 Holes 62 Size 0.42 CD Perf 7102-7208 Holes 62 Size 0.42  
Re-Frac Codell 2/15/11 down 4-1/2" Csg w/ 262,458 gal Slickwater w/ 211,920# 40/70, 4,000# SB Excel

Return well back to production after Codell Re-Frac on 3/7/2011.

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

**Test Information:**

Date: 03/30/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 250 Bbls H2O: 0  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 18 Mcf Gas: 250 Bbls H2O: 0 GOR: 13889  
Test Method: FLOWING Casing PSI: 765 Tubing PSI: 561 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1235 API Gravity Oil: 61  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7298 Tbg setting date: 02/23/2011 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: \_\_\_\_\_

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)