

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:

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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 05-123-31010-00 6. County: WELD
7. Well Name: DRY CREEK Well Number: 23-35
8. Location: QtrQtr: NWSW Section: 35 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 02/03/2011 Date of First Production this formation: 03/16/2011
Perforations Top: 7774 Bottom: 8676 No. Holes: 194 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
NB Perf 7774-8054 Holes 72 Size 0.42
CD Perf 8197-8211 Holes 56 Size 0.40
J S Perf 8648-8676 Holes 66 Size 0.42

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

Test Information:

Date: 03/30/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 44 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 44 Bbls H2O: 0 GOR: 1100
Test Method: FLOWING Casing PSI: 373 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1316 API Gravity Oil: 45
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: <u>J SAND</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>02/03/2011</u>		Date of First Production this formation: <u>03/16/2011</u>			
Perforations	Top: <u>8648</u>	Bottom: <u>8676</u>	No. Holes: <u>66</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
J S Perf 8648-8676 Holes 66 Size 0.42 Frac J-Sand down 4-1/2" Csg w/ 149,646 gal Slickwater w/ 115,340# 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: _____					
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>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>02/28/2011</u>		Date of First Production this formation: <u>03/16/2011</u>			
Perforations	Top: <u>7774</u>	Bottom: <u>8211</u>	No. Holes: <u>128</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NB Perf 7774-8054 Holes 72 Size 0.42 CD Perf 8197-8211 Holes 56 Size 0.40 Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 252,000 gal Slickwater w/ 200,680# 40/70, 4,120# SB Excel Frac Codell down 4-1/2" Csg w/ 199,248 gal Slickwater w/ 150,160# 40/70, 4,120# 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: _____					
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: _____					

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

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

Total: 0 comment(s)