

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:

400150091

**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 05-123-22165-00 6. County: WELD  
7. Well Name: NYGREN Well Number: 12-22  
8. Location: QtrQtr: NWSW Section: 22 Township: 2N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/21/2011</u>	Date of First Production this formation: <u>03/10/2011</u>
Perforations Top: <u>7246</u> Bottom: <u>7546</u>	No. Holes: <u>127</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
<div>5/25/04 NB Perf 7246-7327 Holes 19 Size 0.38 CD Perf 7530-7546 Holes 32 Size 0.38 2/21/11 NB Perf 7246-7408 Holes 46 Size 0.38 CD Perf 7530-7546 Holes 30 Size 0.40 Re-Frac Niobrara A &amp; B &amp; C down 4-1/2" Csg w/ 252 gal 15% HCl &amp; 243,558 gal Slickwater w/ 205,900# 40/70, 4,000# SB Excel Re-Frac Codell down 4-1/2" Csg w/ 210,882 gal Slickwater w/ 153,800# 40/70, 4,000# SB Excel</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/01/2011</u> Hours: <u>24</u> Bbls oil: <u>15</u> Mcf Gas: <u>33</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>15</u> Mcf Gas: <u>33</u> Bbls H2O: <u>0</u> GOR: <u>2200</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>953</u> Tubing PSI: <u>798</u> Choke Size: <u>28/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1206</u> API Gravity Oil: <u>51</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7525</u> Tbg setting date: <u>03/01/2011</u> Packer Depth: _____	
Reason for Non-Production: <div></div>	
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  
:

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_

### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)