

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

Document Number:

400150100

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 05-123-24887-00 6. County: WELD
 7. Well Name: SEKICH Well Number: 22-19
 8. Location: QtrQtr: SWNW Section: 19 Township: 3N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 03/23/2011 Date of First Production this formation: 08/01/2007
 Perforations Top: 7346 Bottom: 7366 No. Holes: 60 Hole size: 0.45
 Provide a brief summary of the formation treatment: _____ Open Hole:
 CD Perf 7346-7366 Holes 60 Size 0.45
 2/10/11 -Set CIBP w/ sand cap @ 7280 for NB Recomplete
 3/17/11 -Drill out CIBP at 7280. Circ to 7483 (PBTD).
 3/23/11 -Commingled with NBRR Formation
 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/17/2011 Date of First Production this formation: 03/23/2011

Perforations Top: 7102 Bottom: 7366 No. Holes: 124 Hole size: 0.41

Provide a brief summary of the formation treatment: _____ Open Hole:

NB Perf 7102-7220 Holes 64 Size 0.41
 CD Perf 7346-7366 Holes 60 Size 0.45
 3/17/11-Drill out CIBP to commingle well.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/01/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 80 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 80 Bbls H2O: 0 GOR: 8889

Test Method: FLOWING Casing PSI: 1565 Tubing PSI: 1176 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1322 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7324 Tbg setting date: 03/17/2011 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: NIOBRARA Status: COMMINGLED

Treatment Date: 03/03/2011 Date of First Production this formation: 03/10/2011

Perforations Top: 7102 Bottom: 7220 No. Holes: 64 Hole size: 0.41

Provide a brief summary of the formation treatment: _____ Open Hole:

NB Perf 7102-7220 Holes 64 Size 0.41
 Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 247,021 gal Slickwater w/ 201,180# 40/70, 4,000# SB Excel
 NBRR 1st production date 3/10/2011 and commingled with CODL formation 3/23/2011

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/14/2011 Hours: 24 Bbls oil: 32 Mcf Gas: 133 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 32 Mcf Gas: 133 Bbls H2O: 0 GOR: 4156

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1322 API Gravity Oil: 49

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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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

User Group	Comment	Comment Date

Total: 0 comment(s)