

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 05-123-26258-00 6. County: WELD
7. Well Name: DOUTHIT Well Number: 23-26
8. Location: QtrQtr: SWSE Section: 26 Township: 3N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>11/24/2010</u>	Date of First Production this formation: <u>04/09/2008</u>
Perforations Top: <u>7434</u> Bottom: <u>7454</u>	No. Holes: <u>80</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>10/19/10 Set CIBP @ 7400' w/ sand cap for NB Recomplete 11/15/10 Drill and clean thru sand and CIBP to PB @ 7540 11/24/10 Commingled with NBRR production</div>	
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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/02/2010 Date of First Production this formation: 11/24/2010

Perforations Top: 7196 Bottom: 7454 No. Holes: 146 Hole size: 0.38

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

NB Perf 7196-7322 Holes 66 Size 0.38 CD Perf 7434-7454 Holes 80 Size 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 240,719 gal Slickwater w/ 200,520# 40/70 & 4,000# 20/40 SB Excel
No additional CD Frac treatment

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

Test Information:

Date: 04/05/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 30 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 30 Bbls H2O: 0 GOR: 6000

Test Method: FLOWING Casing PSI: 587 Tubing PSI: 521 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7405 Tbg setting date: 11/15/2010 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

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

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

Total: 0 comment(s)