

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:

400151394

**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: CARA MAHLER  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029  
3. Address: P O BOX 173779 Fax: (720) 929-7029  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-23312-00 6. County: WELD  
7. Well Name: BM LAND Well Number: 10-5  
8. Location: QtrQtr: NWSE Section: 5 Township: 2N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

|   |                             |   |   |
|---|-----------------------------|---|---|
| FORMATION: <u>CODELL</u>  |                             | Status: <u>COMMINGLED</u>   |   |
| Treatment Date: <u>03/14/2011</u>   |                             | Date of First Production this formation: <u>03/21/2011</u>          |   |
| Perforations  | Top: <u>7258</u>            | Bottom: <u>7276</u>   | No. Holes: <u>84</u> Hole size: <u>0.38</u> |
| Provide a brief summary of the formation treatment:   |                             | Open Hole: <input type="checkbox"/>                                 |   |
| <div>REPERF (3/2/2011) 7258-7276 HOLES 36 SIZE .38<br/>Re-Frac Codell down 4-1/2" Csg w/ 223,650 gal Slickwater w/ 151,600# 40/70, 4,000# SB Excel.</div> |                             |   |   |
| This formation is commingled with another formation:  |                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>Test Information:</b>  |                             |   |   |
| 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:<br><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: _____  |   |

|   |                                      |   |   |
|---|--------------------------------------|---|---|
| FORMATION: <u>J SAND</u>  |                                      | Status: <u>TEMPORARILY ABANDONED</u>                                |   |
| Treatment Date: <u>03/01/2011</u>   |                                      | Date of First Production this formation: <u>03/21/2011</u>          |   |
| Perforations  | Top: <u>7723</u> Bottom: <u>7784</u> | No. Holes: <u>98</u>  | Hole size: <u>0.42</u>                    |
| Provide a brief summary of the formation treatment:                             |                                      | Open Hole: <input type="checkbox"/>                                 |   |
| <div style="border: 1px solid black; padding: 2px;">SAND PLUG SET @ 7500'</div> |                                      |   |   |
| This formation is commingled with another formation:                            |                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Test Information:</b>  |                                      |   |   |
| 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:  |                                      |   |   |
| <div style="border: 1px solid black; padding: 2px;">SAND PLUG SET @ 7500'</div> |                                      |   |   |
| Date formation Abandoned: <u>03/01/2011</u>                                     |                                      | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, number of sacks cmt _____         |
| Bridge Plug Depth: <u>7500</u>  |                                      | Sacks cement on top: _____  |   |

|  |                                      |   |   |
|--|--------------------------------------|---|---|
| FORMATION: <u>NIOBRARA-CODELL</u>  |                                      | Status: <u>PRODUCING</u>  |   |
| Treatment Date: <u>03/14/2011</u>  |                                      | Date of First Production this formation: <u>03/21/2011</u>          |   |
| Perforations   | Top: <u>7028</u> Bottom: <u>7276</u> | No. Holes: <u>144</u>   | Hole size: <u>0.38</u>                                  |
| Provide a brief summary of the formation treatment:                                |                                      | Open Hole: <input type="checkbox"/>                                 |   |
| <div style="border: 1px solid black; padding: 2px;">CD REFRAC- NB RECOMPLETE</div> |                                      |   |   |
| This formation is commingled with another formation:                               |                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Test Information:</b>   |                                      |   |   |
| Date: <u>04/04/2011</u>  | Hours: <u>24</u>                     | Bbls oil: <u>26</u>   | Mcf Gas: <u>162</u> Bbls H2O: <u>0</u>                  |
| Calculated 24 hour rate: _____   |                                      | Bbls oil: <u>26</u>   | Mcf Gas: <u>162</u> Bbls H2O: <u>0</u> GOR: <u>6231</u> |
| Test Method: <u>FLOWING</u>  | Casing PSI: <u>718</u>               | Tubing PSI: <u>403</u>  | Choke Size: <u>20/64</u>                                |
| Gas Disposition: <u>SOLD</u>   | Gas Type: <u>WET</u>                 | BTU Gas: <u>1275</u>  | API Gravity Oil: <u>52</u>                              |
| Tubing Size: <u>2 + 3/8</u>  | Tubing Setting Depth: <u>7216</u>    | Tbg setting date: <u>03/18/2011</u>                                 | Packer Depth: _____                                     |
| Reason for Non-Production:   |                                      |   |   |
| <div style="border: 1px solid black; height: 20px;"></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: _____  |   |

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/14/2011 Date of First Production this formation: 03/21/2011

Perforations Top: 7028 Bottom: 7140 No. Holes: 60 Hole size: 0.38

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

Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 194,964 gal Slickwater w/ 200,800# 40/70, 4,000# SB Excel.

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: \_\_\_\_\_

Comment:

\_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: \_\_\_\_\_ Email CARA.MAHLER@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 |
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|            |         |              |

Total: 0 comment(s)