

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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| DE | ET | OE | ES |
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Document Number:

400151706

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 05-123-31589-00 6. County: WELD
7. Well Name: RURAL Well Number: 19-31
8. Location: QtrQtr: NWSW Section: 31 Township: 4N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

| | | | |
|--|--------------------------------|---|-----------------------------|
| FORMATION: _____ | | Status: _____ | |
| Treatment Date: _____ | | Date of First Production this formation: _____ | |
| Perforations | Top: _____ | Bottom: _____ | No. Holes: _____ |
| Hole size: _____ | | Provide a brief summary of the formation treatment: _____ | |
| Open Hole: <input type="checkbox"/> | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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

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 |
|-------------|--------------------|
| 400151690 | FORM 5 SUBMITTED |
| 400151697 | LAS- |
| 400151708 | CEMENT JOB SUMMARY |
| 400151709 | |

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)