

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: 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 05-123-22027-00 6. County: WELD  
7. Well Name: WINDELL Well Number: 5-18  
8. Location: QtrQtr: SWNW Section: 18 Township: 2N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>7146</u> Bottom: <u>7368</u> No. Holes: <u>33</u> Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
REPERF NB: 7129-7274 HOLES 60 SIZE .42 REPERF CDL: 7358-7372 HOLES 42 SIZE .38 Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 252,382 gal Slickwater w/ 200,000# 40/70, 4,000# SB Excel. Re-Frac Codell down 4-1/2" Csg w/ 199,626 gal Slickwater w/ 150,060# 40/70, 4,000# SB Excel.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/01/2011</u> Hours: <u>24</u> Bbls oil: <u>17</u> Mcf Gas: <u>37</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>17</u> Mcf Gas: <u>37</u> Bbls H2O: <u>0</u> GOR: <u>2176</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1260</u> Tubing PSI: <u>981</u> Choke Size: <u>28/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1179</u> API Gravity Oil: <u>48</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7338</u> Tbg setting date: <u>04/14/2011</u> 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: CARA MAHLER

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

User Group	Comment	Comment Date

Total: 0 comment(s)