

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:

400162580

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 05-123-31682-00 6. County: WELD
7. Well Name: BROWN Well Number: 4-2
8. Location: QtrQtr: NWNW Section: 2 Township: 1N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>02/25/2011</u>	Date of First Production this formation: <u>04/13/2011</u>
Perforations Top: <u>7362</u> Bottom: <u>8162</u>	No. Holes: <u>178</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>NB Perf 7362-7552 Holes 62 Size 0.38 CD Perf 7685-7699 Holes 56 Size 0.42 J S Perf 8134-8162 Holes 60 Size 0.38</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/14/2011</u> Hours: <u>24</u> Bbls oil: <u>10</u> Mcf Gas: <u>45</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>10</u> Mcf Gas: <u>45</u> Bbls H2O: <u>0</u> GOR: <u>4500</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1320</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1116</u> API Gravity Oil: <u>44</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8097</u> Tbg setting date: <u>05/03/2011</u> Packer Depth: _____	
Reason for Non-Production: <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>PRODUCING</u>	
Treatment Date: <u>02/25/2011</u>		Date of First Production this formation: <u>04/13/2011</u>	
Perforations	Top: <u>8134</u> Bottom: <u>8162</u>	No. Holes: <u>60</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
J S Perf 8134-8162 Holes 60 Size 0.38 Frac J-Sand down 4-1/2" Csg w/ 149,226 gal Slickwater w/ 115,280# 40/70, 4,000# SB Excel			
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: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/11/2011</u>		Date of First Production this formation: <u>04/13/2011</u>	
Perforations	Top: <u>7362</u> Bottom: <u>7699</u>	No. Holes: <u>118</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NB Perf 7362-7552 Holes 62 Size 0.38 CD Perf 7685-7699 Holes 56 Size 0.42 Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 249,488 gal Slickwater w/ 200,900# 40/70, 4,000# SuperLC Frac Codell down 4-1/2" Csg w/ 205,663 gal Slickwater w/ 150,140# 40/70, 4,000# SuperLC			
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: _____			

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)