

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400166069

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 05-123-21005-00 6. County: WELD
7. Well Name: VAN PORTFLIET Well Number: 3-10A
8. Location: QtrQtr: NENW Section: 10 Township: 2N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed IntervalFORMATION: J-NIOBRARA-CODELL Status: COMMINGLEDTreatment Date: 04/06/2009 Date of First Production this formation: 04/06/2009Perforations Top: 6972 Bottom: 7646 No. Holes: 198 Hole size: 0.38Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Commingled J-NBRR-CODL production
6/20/08 -J Sand under sand plug for NBRR/CODL recompleat. Spot 50 sacks of 20/40 sand @ 7450'.
4/06/09 -Tagged sand @ 7650', (J Sand Perfs 7596-7646') commingle J-NBRR-CODL production.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 07/01/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 50 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 50 Bbls H2O: 0 GOR: 5000Test Method: FLOWING Casing PSI: 296 Tubing PSI: 170 Choke Size: _____Gas Disposition: SOLD Gas Type: WET BTU Gas: 1249 API Gravity Oil: 51Tubing Size: 2 + 3/8 Tubing Setting Depth: 7162 Tbg setting date: 08/08/2008 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: _____

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/21/2002</u>		Date of First Production this formation: <u>08/26/2002</u>	
Perforations	Top: <u>7596</u> Bottom: <u>7646</u>	No. Holes: <u>78</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
8/21/02 -Frac J-Sand w/ 246,000 gal gel, 500,000# 20/40 sand 2/25/05 -Mini-Frac J Sand w/ 3255 gal gel, 2,000# sand 1/08/06 -Mini Frac J Sand w/ 3906 gal gel, 2,000# sand			
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></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>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/30/2008</u>		Date of First Production this formation: <u>07/07/2008</u>	
Perforations	Top: <u>6972</u> Bottom: <u>7226</u>	No. Holes: <u>120</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NB Perf 6972-7065 Holes 60 Size 0.42 CD Perf 7211-7226 Holes 60 Size 0.38 Frac NB down 4-1/2" csg w/ 4079 bbls Vistar hybrid containing 262K lbs 20/40 sd & 4K lbs resin tail Frac CD down 4-1/2" csg w/ 4116 bbls slickwater containing 115K lbs 40/70 sd & 4K lbs 20/40 resin tail			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>07/07/2008</u>	Hours: <u>24</u>	Bbls oil: <u>22</u>	Mcf Gas: <u>320</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>22</u>	Mcf Gas: <u>320</u>	Bbls H2O: <u>0</u> GOR: <u>14545</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1400</u>	Tubing PSI: _____	Choke Size: <u>10/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1290</u>	API Gravity Oil: <u>51</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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: _____	

Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

User Group	Comment	Comment Date

Total: 0 comment(s)