

FORM
5A

Rev
02/08

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

State of Colorado

Oil and Gas Conservation Commission



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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: 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-

5. API Number 05-123-15650-00 6. County: WELD
 7. Well Name: FORT SAINT VRAIN Well Number: 20
 8. Location: QtrQtr: NWSE Section: 9 Township: 3N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 09/02/2010 Date of First Production this formation: 07/04/1992
 Perforations Top: 7098 Bottom: 7118 No. Holes: 70 Hole size: 0.38

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

9/02/10-Release RBP over CODL to commingle well with NBRR production.
9/10/10-Commingled well with NBRR

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/02/2010 Date of First Production this formation: 09/10/2010

Perforations Top: 6838 Bottom: 7118 No. Holes: 114 Hole size: 0.4

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

Release RBP over CODL and commingle well.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/10/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 33 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 33 Bbls H2O: 0 GOR: 2538

Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 1300 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1327 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7053 Tbg setting date: 09/02/2010 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: NIOBRARA Status: COMMINGLED

Treatment Date: 09/10/2010 Date of First Production this formation: 08/16/2010

Perforations Top: 6838 Bottom: 6982 No. Holes: 44 Hole size: 0.4

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

Released RBP over CODL and commingled well on 9/10/2010.

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:

This well is on the Kerr-McGee OG #47120 Delinquency List. It lists that the CODL is missing reports from 10/2010 and the NBRR is missing reports from 10/2010.

This Form 5A is the most current. NBRR produced by itself from 8/16/2010 to 9/9/2010. On 9/10/2010 the well went downline with both NBRR and CODL commingled together.

On the COGCC website, the formation "NOT COMPLETED" is not in Kerr-McGee's records. The production given here should represent NBRR/CODL. Thank you.

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

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

Total: 0 comment(s)