

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: 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: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>09/02/2010</u>		Date of First Production this formation: <u>09/10/2010</u>			
Perforations	Top: <u>6838</u>	Bottom: <u>7118</u>	No. Holes: <u>114</u>	Hole size: <u>0.4</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Release RBP over CODL and commingle well.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>09/10/2010</u>	Hours: <u>24</u>	Bbls oil: <u>13</u>	Mcf Gas: <u>33</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>13</u>	Mcf Gas: <u>33</u>	Bbls H2O: <u>0</u>	GOR: <u>2538</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1300</u>	Tubing PSI: <u>1300</u>	Choke Size: <u>24/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1327</u>	API Gravity Oil: <u>52</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7053</u>	Tbg setting date: <u>09/02/2010</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: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/10/2010</u>		Date of First Production this formation: <u>08/16/2010</u>			
Perforations	Top: <u>6838</u>	Bottom: <u>6982</u>	No. Holes: <u>44</u>	Hole size: <u>0.4</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Released RBP over CODL and commingled well on 9/10/2010.					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
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:**

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**

User Group	Comment	Comment Date

Total: 0 comment(s)