

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 05-123-32603-00 6. County: WELD  
 7. Well Name: REIGLE Well Number: 24-4  
 8. Location: QtrQtr: SENW Section: 4 Township: 2N Range: 65W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 05/16/2011 Date of First Production this formation: 06/13/2011  
 Perforations Top: 7165 Bottom: 7414 No. Holes: 115 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NB Perf 7165-7315 Holes 61 Size 0.42 CD Perf 7396-7414 Holes 54 Size 0.38  
 Frac Niobrara B & C down 4-1/2" Csg w/ 217 gal 15% HCl & 247,644 gal Slickwater w/ 199,900# 40/70, 4,040# SB Excel  
 Frac Codell down 4-1/2" Csg w/ 211,231 gal Slickwater w/ 148,900# 40/70, 4,320# SB Excel

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 06/13/2011 Hours: 24 Bbls oil: 60 Mcf Gas: 218 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 218 Bbls H2O: 0 GOR: 3633  
 Test Method: FLOWING Casing PSI: 1752 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1224 API Gravity Oil: 45  
 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:  
 \_\_\_\_\_

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**

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

Total: 0 comment(s)