

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:

400180634

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 05-123-32639-00 6. County: WELD
7. Well Name: DENVER Well Number: 10-18
8. Location: QtrQtr: SESE Section: 18 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>03/25/2011</u>	Date of First Production this formation: <u>04/29/2011</u>
Perforations Top: <u>7444</u> Bottom: <u>8170</u>	No. Holes: <u>160</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NB PERF 7444-7536 HOLES 56 SIZE 0.42</u> <u>CD PERF 7680-7700 HOLES 60 SIZE 0.42</u> <u>J S PERF 8148-8170 HOLES 44 SIZE 0.42</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/29/2011</u> Hours: <u>24</u> Bbls oil: <u>48</u> Mcf Gas: <u>44</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>48</u> Mcf Gas: <u>44</u> Bbls H2O: <u>0</u> GOR: <u>917</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1350</u> Tubing PSI: _____ Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1217</u> API Gravity Oil: <u>48</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8122</u> Tbg setting date: <u>06/16/2011</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: J SAND Status: PRODUCING

Treatment Date: 03/25/2011 Date of First Production this formation: 04/29/2011

Perforations Top: 8148 Bottom: 8170 No. Holes: 44 Hole size: 0.42

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

J S PERF 8148-8170 HOLES 44 SIZE 0.42
Frac J-Sand down 4-1/2" Csg w/ 149,436 gal Slickwater w/ 115,180# 40/70, 4,000# SB Excel

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: 03/31/2011 Date of First Production this formation: 04/29/2011

Perforations Top: 7444 Bottom: 7700 No. Holes: 116 Hole size: 0.42

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

NB PERF 7444-7536 HOLES 56 SIZE 0.42 CD PERF 7680-7700 HOLES 60 SIZE 0.42
Frac Niobrara B & C down 4-1/2" Csg w/ 235 gal 15% HCl & 244,877 gal Slickwater w/ 200,140# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 205,170 gal Slickwater w/ 150,080# 40/70, 4,000# SB Excel

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: _____

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**

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Total: 0 comment(s)