

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: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-18255-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PSC</u>	Well Number: <u>33-10A</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>10</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

### Completed Interval

FORMATION: J SAND		Status: TEMPORARILY ABANDONED			
Treatment Date: 05/18/2011		Date of First Production this formation: 03/20/2002			
Perforations	Top: 7544	Bottom: 7592	No. Holes: 88	Hole size:	
Provide a brief summary of the formation treatment:		Open Hole:			
SPOT 700# OF 20/40 SAND TO 7300. NO HOLE SIZE AVAILABLE					
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" 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:					
SPOT 700# OF 20/40 SAND TO 7300					
Date formation Abandoned:	05/18/2011	Squeeze:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt	
Bridge Plug Depth:	7300	Sacks cement on top:			

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>06/07/2011</u>		Date of First Production this formation: <u>06/22/2011</u>			
Perforations	Top: <u>7544</u>	Bottom: <u>7108</u>	No. Holes: <u>148</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
REPERF CDL (5/20/2011) 7098-7108 HOLES 40 SIZE .38 Re-Frac Codell down 3-1/2" Csg w/ 204,624 gal Slickwater w/ 151,920# 40/70, 4000# SuperLC.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>06/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>38</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>38</u>	Bbls H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>832</u>	Tubing PSI: <u>590</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1228</u>	API Gravity Oil: <u>56</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7088</u>	Tbg setting date: <u>06/14/2011</u>	Packer Depth: _____		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 40px; 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1                      Date:                      Email CARA.MAHLER@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)