

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

5. API Number 05-123-14824-00 6. County: WELD
7. Well Name: NILES S MILLER UNIT Well Number: 2
8. Location: QtrQtr: CNW Section: 28 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND

Status: TEMPORARILY ABANDONED

Treatment Date: 06/07/2011

Date of First Production this formation: 12/17/1990

Perforations Top: 7880 Bottom: 7938 No. Holes: 232 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

SAND PLUG SET @ 7930

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:

SAND PLUG SET @ 7930

Date formation Abandoned: 06/07/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: 7930 Sacks cement on top:

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 06/29/2011

Date of First Production this formation: 07/14/2011

Perforations Top: 7428 Bottom: 7446 No. Holes: 96 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

CODELL REPERF (6/8/2011) 7428-7444 HJOLES 32 SIZE .38

Re-Frac Codell down 2-7/8" Tbg w/ Pkr w/ 194,040 gal Slickwater w/ 150,000# 40/70, 4,000# SB Excel, 0#.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 07/24/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 103 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 103 Bbls H2O: 0 GOR: 11444

Test Method: FLOWING Casing PSI: 630 Tubing PSI: 374 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7391 Tbg setting date: 07/05/2011 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: 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)