

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

5. API Number 05-123-21005-00
6. County: WELD
7. Well Name: VAN PORTFLIET
Well Number: 3-10A
8. Location: QtrQtr: NENW Section: 10 Township: 2N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 06/27/2011Date of First Production this formation: 08/26/2002Perforations Top: 7596 Bottom: 7646 No. Holes: 78 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐SET SAND PLUG @ 7400-7725.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:

SET SAND PLUG @ 7400-7725.Date formation Abandoned: 06/27/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____Bridge Plug Depth: 7725 Sacks cement on top: _____FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 07/08/2011Date of First Production this formation: 07/07/2008Perforations Top: 6972 Bottom: 7226 No. Holes: 120 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐Re-Frac Codell down 4-1/2" Csg w/ 261,996 gal Slickwater w/ 208,080# 40/70, 4,000# SuperLC.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 07/30/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 52 Bbls H2O: 0Calculated 24 hour rate: _____ Bbls oil: 4 Mcf Gas: 52 Bbls H2O: 0 GOR: 13000Test Method: FLOWING Casing PSI: 749 Tubing PSI: 661 Choke Size: 30/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1247 API Gravity Oil: 50Tubing Size: 2 + 3/8 Tubing Setting Depth: 7186 Tbg setting date: 07/12/2011 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 MAHLERTitle: 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)