

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:

400185703

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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-32634-00
6. County: WELD
7. Well Name: DENVER
Well Number: 15-18
8. Location: QtrQtr: SESE Section: 18 Township: 1N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 04/13/2011Date of First Production this formation: 07/08/2011Perforations Top: 8136 Bottom: 8156 No. Holes: 40 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐J S PERF 8136-8156 HOLES 40 SIZE 0.42Frac J-Sand down 4-1/2" Csg w/ 149,142 gal Slickwater w/ 115,460# 40/70, 4,000# SB ExcelThis 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: SOLD Gas Type: WET 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-CODELLStatus: PRODUCINGTreatment Date: 06/02/2011Date of First Production this formation: 06/21/2011Perforations Top: 7430 Bottom: 7684 No. Holes: 100 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐NB PERF 7430-7522 HOLES 40 SIZE 0.38CD PERF 7664-7684 HOLES 60 SIZE 0.38Frac NB down 2 7/8" w/250 gal 15% HCl and 256,158 gal SW containing 208,820# 40/70 sand and 8000# 20/40 SB ExcelFrac CD down 2 7/8" w/200,592 gal SW containing 142,060# 40/70 sandThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 06/22/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 100 Bbls H2O: 0Calculated 24 hour rate: _____ Bbls oil: 15 Mcf Gas: 100 Bbls H2O: 0 GOR: 6617Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 900 Choke Size: _____Gas Disposition: SOLD Gas Type: WET BTU Gas: 1238 API Gravity Oil: 49Tubing Size: 2 + 3/8 Tubing Setting Depth: 8106 Tbg setting date: 07/01/2011 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: Cindy Vue

Title: Regulatory Analyst II

Date: 7/15/2011

Email Cindy.Vue@anadarko.com

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Attachment Check List

Att Doc Num	Name
400185703	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)