

FORM  
5A  
Rev  
02/08



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**COMPLETED INTERVAL REPORT**

Document Number:  
400196241

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>05-123-15614-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>(HSR) BRENLY</u>	Well Number: <u>6-21</u>
8. Location: QtrQtr: <u>SEnw</u> Section: <u>21</u> Township: <u>4N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

### Completed Interval

FORMATION: NIOBRARA-CODELL	Status: PRODUCING
Treatment Date: 06/02/2011	Date of First Production this formation: 04/09/1992
Perforations Top: 6947 Bottom: 7254	No. Holes: 98 Hole size: 0.38
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
REMOVED CIBP SET @ 6790-6792 TO COMMINGLE NB-CD WITH SUSX	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL-SUSSEX	Status: COMMINGLED
Treatment Date: 06/02/2011	Date of First Production this formation: 07/26/2011
Perforations Top: 4524 Bottom: 7249	No. Holes: 154 Hole size: 0.38
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
COMMINGLE	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 08/07/2011 Hours: 24	Bbls oil: 2 Mcf Gas: 36 Bbls H2O: 0
Calculated 24 hour rate:	Bbls oil: 2 Mcf Gas: 36 Bbls H2O: 0 GOR: 18000
Test Method: FLOWING	Casing PSI: 556 Tubing PSI: 462 Choke Size: 24/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1254 API Gravity Oil: 64
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7194 Tbg setting date: 06/03/2011 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: _____

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**

User Group	Comment	Comment Date

Total: 0 comment(s)