

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:

400196241

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 05-123-15614-00

6. County: WELD

7. Well Name: (HSR) BRENLY

Well Number: 6-21

8. Location: QtrQtr: SENW Section: 21

Township: 4N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

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: ☐

REMOVED CIBP SET @ 6790-6792 TO COMMINGLE NB-CD WITH SUSX

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:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ 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: ☐

COMMINGLE

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

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: ☐ 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: 8/16/2011 CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400196241 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
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Total: 0 comment(s)