

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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**COMPLETED INTERVAL REPORT**

Document Number:  
400201608

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>05-123-22922-00</u>                                                                         | 6. County: <u>WELD</u>    |
| 7. Well Name: <u>VAN PORTFLIET</u>                                                                           | Well Number: <u>11-10</u> |
| 8. Location: QtrQtr: <u>NESW</u> Section: <u>10</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u> |                           |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>                                                    |                           |

### Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 07/26/2011 Date of First Production this formation: 04/11/2008  
Perforations Top: 7600 Bottom: 7648 No. Holes: 107 Hole size: 0.45

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

SAND PLUG SET @ 7400-7718

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 @ 7400-7718

Date formation Abandoned: 07/26/2011 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7718 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/01/2011 Date of First Production this formation: 11/21/2008  
Perforations Top: 6918 Bottom: 7162 No. Holes: 116 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Re-Frac Codell down 4-1/2" Csg w/ 259,484 gal Slickwater w/ 207,520# 40/70, 4,260# SB Excel.

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 08/27/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 26 Bbls H2O: 0  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 1 Mcf Gas: 26 Bbls H2O: 0 GOR: 26000  
Test Method: FLOWING Casing PSI: 1082 Tubing PSI: 754 Choke Size: 28/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1216 API Gravity Oil: 52  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7119 Tbg setting date: 08/05/2011 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: 8/31/2011 CARA.MAHLER@ANADARKO.COM

Email  
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**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400201608   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)