

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:

400220538

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: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-16234-00 6. County: WELD
7. Well Name: GORDON RED V Well Number: 10-15
8. Location: QtrQtr: SWSE Section: 10 Township: 2N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 10/01/2010 Date of First Production this formation: 11/28/1992
Perforations Top: 7525 Bottom: 7535 No. Holes: 40 Hole size: 0.44

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

PERF CD PERF 7525-7535 HOLES 40 SIZE 0.44
10/01/10 -RELEASE RBP OVER CODL
10/18/10 -COMMINGLED NBRR AND CODL FORMATIONS

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 Status: PRODUCING

Treatment Date: 10/01/2010 Date of First Production this formation: 10/18/2010

Perforations Top: 7260 Bottom: 7535 No. Holes: 112 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

NB PERF 7260-7400 HOLES 72 SIZE 0.42 PERF CD PERF 7525-7535 HOLES 40 SIZE 0.44
 10/01/10 -RELEASE RBP OVER CODL
 10/18/10 -COMMINGLED NBRR AND CODL FORMATIONS

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

Test Information:

Date: 10/18/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 24 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 24 Bbls H2O: 0 GOR: 12000

Test Method: FLOWING Casing PSI: 1250 Tubing PSI: _____ Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1304 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7497 Tbg setting date: 10/04/2010 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 Status: COMMINGLED

Treatment Date: 10/01/2010 Date of First Production this formation: 09/13/2010

Perforations Top: 7260 Bottom: 7400 No. Holes: 72 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

NB PERF 7260-7400 HOLES 72 SIZE 0.42
 10/01/10 -RELEASE RBP OVER CODL
 10/18/10 -COMMINGLED NBRR AND CODL FORMATIONS

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: _____

Comment:

THIS WELL IS ON THE KERR-MCGEE DELINQUENCY LIST FOR MISSING NBRR REPORTS FROM 04/2011-8/2011. THIS FORM 5A IS THE MOST UP TO DATE ON THE WELL. NBRR WAS COMMINGLED WITH CODL 10/18/2010, THEREFORE THERE ARE NO MORE NBRR REPORTS TO SEND IN.

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: _____

Email Cindy.Vue@anadarko.com
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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**

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Total: 0 comment(s)