

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:
400224409

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 & 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>05-123-18129-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PSC</u>	Well Number: <u>23-10</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>10</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>10/20/2011</u>	Date of First Production this formation: <u>10/27/2011</u>
Perforations Top: <u>6832</u> Bottom: <u>7575</u>	No. Holes: <u>137</u> Hole size: <u>0.31</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>REMOVED SAND PLUG SET @ 7250-7578 TO COMMINGLE JSND WITH NB/CD.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/14/2011</u> Hours: <u>24</u> Bbls oil: <u>4</u> Mcf Gas: <u>122</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>4</u> Mcf Gas: <u>122</u> Bbls H2O: <u>0</u> GOR: <u>3500</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>415</u> Tubing PSI: _____ Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1356</u> API Gravity Oil: <u>51</u>	
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: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/20/2011</u>	Date of First Production this formation: <u>04/08/2000</u>
Perforations Top: <u>7547</u> Bottom: <u>7575</u>	No. Holes: <u>66</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>JSND should have had a TA status. REMOVED SAND PLUG SET @ 7250-7578 TO COMMINGLE JSND WITH NB/CD.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment: <u>CHOKER N/A</u>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: <u>CARA MAHLER</u>
Title: <u>REGULATORY ANALYST 1</u> Date: _____	Email: <u>CARA.MAHLER@ANADARKO.COM</u>

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

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

Total: 0 comment(s)