

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400224373

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  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-  
4. Contact Name: CARA MAHLER  
Phone: (720) 929-6029  
Fax: (720) 929-7029

5. API Number 05-123-17490-00  
6. County: WELD  
7. Well Name: NICHOLS  
Well Number: 33-6  
8. Location: QtrQtr: NWSE Section: 6 Township: 2N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: J SAND		Status: TEMPORARILY ABANDONED		
Treatment Date: 08/16/2011		Date of First Production this formation: 07/12/1994		
Perforations	Top: 7760	Bottom: 7793	No. Holes: 34	Hole size:
Provide a brief summary of the formation treatment:		Open Hole:		
SET SAND PLUG @ 7572-7872. NO HOLE SIZE AVAILABLE.				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" 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:				
SET SAND PLUG @ 7572-7872				
Date formation Abandoned:	08/16/2011	Squeeze:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth:	7872	Sacks cement on top:		

FORMATION: NIOBRARA-CODELL		Status: PRODUCING	
Treatment Date: 09/27/2011		Date of First Production this formation: 10/27/2011	
Perforations	Top: 7034	Bottom: 7326	No. Holes: 167
		Hole size: 0.38	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
REPERF CDL (8/17/2011) 7310-7326 HOLES 48 SIZE .38 REPERF NB (8/17/2011) 7034-7170 HOLES 48 SIZE .38 Re-Frac Niobrara A & B & C down 3-1/2" Csg w/ 252 gal 15% HCl & 233,478 gal Slickwater w/ 200,440# 40/70, 4,000# SB Excel. Re-Frac Codell down 3-1/2" Csg w/ 202,524 gal Slickwater w/ 150,160# 40/70, 4,000# SB Excel.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: 11/11/2011	Hours: 24	Bbbs oil: 6	Mcf Gas: 56
		Bbbs H2O: 0	
Calculated 24 hour rate:	Bbbs oil: 6	Mcf Gas: 56	Bbbs H2O: 0
		GOR: 9333	
Test Method: FLOWING	Casing PSI: 1088	Tubing PSI:	Choke Size: 18/64
Gas Disposition: SOLD	Gas Type: WET	BTU Gas: 1254	API Gravity Oil: 51
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:

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: 11/16/2011

Email: CARA.MAHLER@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Name
400224373	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)