

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:

400231823

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 05-123-32280-00

6. County: WELD

7. Well Name: COOLEY

Well Number: 14-16

8. Location: QtrQtr: SWSW Section: 16 Township: 2N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 10/07/2011

Date of First Production this formation: 11/22/2011

Perforations	Top:	7356	Bottom:	7611	No. Holes:	130	Hole size:	0.42
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Provide a brief summary of the formation treatment:

Open Hole:

NB PERF 7356-7500 HOLES 66 SIZE 0.42 CD PERF 7595-7611 HOLES 64 SIZE 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 243,902 gal Slickwater w/ 201,140# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 208,116 gal Slickwater w/ 150,060# 40/70, 4,000# SB Exce

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

Test Information:

Date:	11/24/2011	Hours:	24	Bbls oil:	50	Mcf Gas:	200	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	50	Mcf Gas:	200	Bbls H2O:	0	GOR:	4000
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Test Method: FLOWING	Casing PSI: 2452	Tubing PSI:	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1251	API Gravity Oil:	49
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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:

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: 12/13/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400231823	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)