

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:

400231905

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 05-123-32279-00 6. County: WELD  
7. Well Name: COOLEY Well Number: 35-16  
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: 10/10/2011 Date of First Production this formation: 11/22/2011  
Perforations Top: 7278 Bottom: 7587 No. Holes: 130 Hole size: 0.38

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

NB PERF 7278-7444 HOLES 64 SIZE 0.42 CD PERF 7565-7587 HOLES 66 SIZE 0.38  
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 250,614 gal Slickwater w/ 45,600# 40/70, 4,000# SuperLC  
Frac Codell down 4-1/2" Csg w/ 201,369 gal Slickwater w/ 45,600# 40/70, 4,000# 20/40

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

Test Information:

Date: 11/25/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0 GOR: 2000  
Test Method: FLOWING Casing PSI: 1079 Tubing PSI:          Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 49  
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
400231905	FORM 5A SUBMITTED

Total Attach: 1 Files

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

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