

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

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.

Document Number:

400241414

1. OGCC Operator Number: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-10810-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GORDON TURKEY FARMS</u>	Well Number: <u>2</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>10</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

**Completed Interval**FORMATION: J SAND Status: TEMPORARILY ABANDONEDTreatment Date: 06/14/2010 Date of First Production this formation: 04/30/1983Perforations Top: 7906 Bottom: 7972 No. Holes: 264 Hole size: 0.38Provide a brief summary of the formation treatment: Open Hole: ☐TA J SAND FOR NB-CD RECOMPLETE.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:

Spot 1600# sand across J Sand, TA for NB-CD Recomplete.Date formation Abandoned: 06/14/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 07/01/2010 Date of First Production this formation: 08/05/2010Perforations Top: 7210 Bottom: 7498 No. Holes: 82 Hole size: 0.38Provide a brief summary of the formation treatment: Open Hole: ☐NB PERF 7210-7340 HOLES 38 SIZE 0.38 CD PERF 7476-7498 HOLES 55 SIZE 0.38  
Frac Niobrara w/ 250 gal 15% HCl & 168,338 gal Dynaflow 2 Hybrid w/ 250,980# 20/40, 4,000# 20/40.  
Frac Codell w/ 129,696 gal Dynaflow 2 w/ 220,420# 20/40, 4,000# SB ExcelThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/05/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 7 Bbls H2O: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 3 Mcf Gas: 7 Bbls H2O: 0 GOR: 2333Test Method: FLOWING Casing PSI: 1850 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1347 API Gravity Oil: 48Tubing Size: 2 + 3/8 Tubing Setting Depth: 7455 Tbg setting date: 10/12/2010 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: \_\_\_\_\_

Comment:

THIS WELL IS ON THE KERR-MCGEE DELINQUENCY LIST FOR MISSING NB-CD COMPLETION INFORMATION. THIS FORM 5A IS THE MOST UP TO DATE FOR ALL OF THE FORMATIONS. THANK YOU.

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)