

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:

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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.

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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-24157-00
6. County: WELD
7. Well Name: REYNOLDS
Well Number: 2-24
8. Location: QtrQtr: SWNE Section: 24 Township: 3N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed IntervalFORMATION: J-CODELLStatus: COMMINGLEDTreatment Date: 02/02/2009Date of First Production this formation: 03/17/2009Perforations Top: 7399 Bottom: 7868 No. Holes: 114 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐CD PERF 7399-7417 HOLES 54 SIZE 0.45
J S PERF 7848-7868 HOLES 60 SIZE 0.38This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 03/17/2009 Hours: 24 Bbls oil: 7 Mcf Gas: 24 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 24 Bbls H2O: 0 GOR: 3429Test Method: FLOWING Casing PSI: 447 Tubing PSI: 359 Choke Size: 18/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1220 API Gravity Oil: 49Tubing Size: 2 + 3/8 Tubing Setting Depth: 7829 Tbg setting date: 02/10/2009 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: _____

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 02/02/2009Date of First Production this formation: 03/17/2009Perforations Top: 7848 Bottom: 7868 No. Holes: 60 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐J S PERF 7848-7868 HOLES 60 SIZE 0.38
Frac J Sand down 4.5" CSG w/162k gal SW containing 115k 40/70 Ottawa & 4000# 20/40 Super LCThis 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:

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 JSND (N-COM) REPORTS. THIS FORM 5A IS THE MOST UP TO DATE REGARDING THE JSND FORMATION AND IT BEING COMMINGLED WITH THE CODELL PRODUCTION. 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)