

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



Table with columns DE, ET, OE, ES

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Date Received:

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 05-123-12900-00
6. County: WELD
7. Well Name: ISHIGURO
Well Number: 2
8. Location: QtrQtr: NENW Section: 36 Township: 5N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/13/2012 Date of First Production this formation: 03/14/1986

Perforations Top: 7140 Bottom: 7156 No. Holes: 57 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

CD PERF 7140-7156 HOLES 57 SIZE 0.38
Refrac NB-CD down 2.375" tbg w/ pkr ^ ni w/ 202,860 gal slickwater w/ 151,020# 40/70, 4,000# SB Excel.
Broke @ 2,740 psi @ 2.9 bpm. ATP=6,436 psi; MTP=6,824 psi; ATR=24.4 bpm; ISDP= psi
3/28/12 -DOWNLINE AFTER CDTF-NBRF

This formation is commingled with another formation: [X] 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/13/2012 Date of First Production this formation: 02/12/1995
Perforations Top: 6836 Bottom: 7156 No. Holes: 107 Hole size: 0.38

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

NB PERF 6836-7031 HOLES 50 SIZE 0.42
CD PERF 7140-7156 HOLES 57 SIZE 0.38
3/28/12 -DOWNLINE AFTER CDTF-NBRF

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/28/2012 Hours: 24 Bbls oil: 10 Mcf Gas: 153 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 153 Bbls H2O: 0 GOR: 15300
Test Method: FLOWING Casing PSI: 1400 Tubing PSI: 1400 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1307 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7111 Tbg setting date: 03/20/2012 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: NIOBRARA Status: COMMINGLED

Treatment Date: 03/13/2012 Date of First Production this formation: 02/12/1995
Perforations Top: 6836 Bottom: 7031 No. Holes: 50 Hole size: 0.42

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

NB PERF 6836-7031 HOLES 50 SIZE 0.42
Refrac NBRR down 2.375" tbg w/ pkr ^ ni w/ 252 gal 15% HCl & 235,956 gal slickwater w/ 200,760# 40/70, 4,000# SB Excel. Broke @ 3,134 psi @ 1 bpm. ATP=6,358 psi; MTP=6,567 psi; ATR=24.7 bpm
3/28/12 -DOWNLINE AFTER CDTF-NBRF

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: _____

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: _____

Email: Cindy.Vue@anadarko.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)