

**FORM
5A**
Rev
02/08

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
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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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & 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>05-123-26890-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BULTHAUP</u>	Well Number: <u>24-6</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>6</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/04/2012 Date of First Production this formation: 02/17/2009

Perforations Top: 7798 Bottom: 7815 No. Holes: 68 Hole size: 0.38

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

CD PERF 7798-7815 HOLES 68 SIZE 0.38
4/4/12 -Refrac CODL down 4.5" casing w/ 196,980 gal slickwater. No proppant used on this job.
Broke @ 2,042 psi @ 11.1 bpm. ATP=4,177 psi; MTP=4,834 psi; ATR=62.4 bpm; ISDP=2,766 psi
4/20/12 -Return well to production after CD Refrac

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/04/2012 Date of First Production this formation: 02/17/2009

Perforations Top: 7500 Bottom: 7815 No. Holes: 134 Hole size: 0.38

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

NB PERF 7500-7704 HOLES 66 SIZE 0.38
CD PERF 7798-7815 HOLES 68 SIZE 0.38
4/4/12 REFRAC CODELL
4/20/12 RETURN WELL TO PRODUCTION AFTER CODELL REFRAC

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/24/2012 Hours: 24 Bbls oil: 9 Mcf Gas: 51 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 9 Mcf Gas: 51 Bbls H2O: 0 GOR: 5667

Test Method: FLOWING Casing PSI: 1064 Tubing PSI: 913 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1192 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7754 Tbg setting date: 04/11/2012 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: _____

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

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)