

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: 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 05-123-26887-00

6. County: WELD

7. Well Name: BULTHAUP

Well Number: 15-6

8. Location: QtrQtr: SWSE Section: 6 Township: 1N

Range: 68W Meridian: 6

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: 7774 Bottom: 7794 No. Holes: 60 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

CD PERF 7774-7794 HOLES 60 SIZE 0.38

4/4/12 -Refrac NB-CD down 4.5" casing w/ 264,096 gal slickwater. No proppant used on this job. Break not observed. ATP=4,680 psi; MTP=5,574 psi; ATR=59.6 bpm; ISDP=2,756 psi

4/25/12 -RWTP UP TBG AFTER CD RF

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: 7422 Bottom: 7794 No. Holes: 174 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 7422-7662 HOLES 114 SIZE 0.41

CD PERF 7774-7794 HOLES 60 SIZE 0.38

4/4/12 -REFRAC CODELL

4/25/12 -RWTP UP TBG AFTER CD RF

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 05/03/2012 Hours: 24 Bbls oil: 8 Mcf Gas: 40 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 40 Bbls H2O: 0 GOR: 5000

Test Method: FLOWING Casing PSI: 1265 Tubing PSI: 630 Choke Size: 28/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7753 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
:

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)