

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

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



DE	ET	OE	ES
----	----	----	----

Document Number:

1653956

Date Received:

05/07/2010

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 ATTN: PHI
City: DENVER State: CO Zip: 80217-
4. Contact Name: MICHAEL NAGEL
Phone: (720) 929-6000
Fax: (720) 929-7461
Email:

5. API Number 05-123-22559-00
6. County: WELD
7. Well Name: SHELTON
Well Number: 3-1
8. Location: QtrQtr: NENW Section: 1 Township: 3N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:
Treatment Date: 05/06/2007 End Date: Date of First Production this formation: 05/13/2007
Perforations Top: 6874 Bottom: 7142 No. Holes: 168 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/29/2007 Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 156 Bbl H2O: 0 GOR: 15600
Test Method: FLOWING Casing PSI: 790 Tubing PSI: 625 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1297 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7090 Tbg setting date: 05/06/2007 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: ** Wireline and Cement Job Summary must be attached.

Comment:

--

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y

Print Name: MICHAEL.NAGEL

Title: REG ANALYST II

Date: 5/6/2010

Email: MICHAEL.NAGEL@ANADARKO.COM

:

Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)