

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



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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 ATTN: PHI  
City: DENVER State: CO Zip: 80217-  
4. Contact Name: MICHAEL NAGEL  
Phone: (720) 929-6145  
Fax: (720) 929-7145  
Email:

5. API Number 05-123-29925-00  
6. County: WELD  
7. Well Name: COMMONS  
Well Number: 4-19  
8. Location: QtrQtr: NWNW Section: 19 Township: 1N Range: 68W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:  
Treatment Date: 12/15/2010 End Date: Date of First Production this formation: 01/12/2010  
Perforations Top: 7480 Bottom: 7916 No. Holes: 120 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: 01/29/2010 Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 8 Bbl H2O: 0 GOR: 4000  
Test Method: FLOWING Casing PSI: 820 Tubing PSI: Choke Size: 10/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1197 API Gravity Oil: 52  
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: \*\* Wireline and Cement Job Summary must be attached.

Comment:

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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: REGULATORY ANALYST II

Date: 2/1/2010

Email: MICHAEL.NAGEL@ANADARKO.COM

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### 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>
		Stamp Upon Approval

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