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State of Colorado
Oil and Gas Conservation Commission

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

FOR OGCC USE ONLY
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NOV - 9 04
OGCC

COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

Complete the
Attachment Checklist

Open

1. OGCC Operator Number: <u>47120</u>	4. Contact Name & Phone <u>Pat Tognoni</u>	Wellbore Diagram	
2. Name of Operator: <u>Kerr-McGee Rocky Mountain Corporation</u>	No: <u>970-330-0614</u>	Site Facility Diagram	
3. Address: <u>3939 Carson Avenue</u>	Fax: <u>970-330-0431</u>		
City: <u>Evans</u> State: <u>CO</u> Zip: <u>80620</u>			
5. API Number: <u>05-123-22272</u> 6. County: <u>WELD</u>			
7. Well Name: <u>EATON</u> Well Number: <u>12-19</u>			
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSW Section 19 TWN 4N RNG 66W</u>			

List in order of completion:

FORMATION: NB-CD	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-in	<input checked="" type="checkbox"/> Commingled
Perforations Gross Interval: <u>Top</u>	Bottom: <u>7251</u>	No. Holes: <u>75</u>	Size: <u>38</u>	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:
Fraced w/ 142,682 gallons gelled fluid, 116600 lbs 30/50 WalkOver-Wedron-Ottawa,

Production Reflects NIOBRARA-CODELL formations

Test Informe Date: <u>10/21/2004</u>	Hours: <u>24</u>	Bbls Oil: <u>11</u>	MCF Gas: <u>209</u>	Bbls H ₂ O: <u>0</u>
Production Test Method:	Casing Pressure: <u>580</u>	Flowing Tubing Pressure: <u>410</u>	Choke Size: <u>20</u>	
API Gravity Oil: <input type="checkbox"/> Oil <u>57</u> <input checked="" type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition: <u>sold</u>	
Calculated 24 Hr Rate	Bbls Oil: <u>11</u>	MCF Gas: <u>209</u>	Bbls H ₂ O: <u>0</u>	GOR: <u>19,000</u>

Production Method:	Tubing Size: <u>2-3/8"</u>	Setting Depth: <u>7145</u>	Packer Depth: <u>NA</u>
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Reason for Non-Production	Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sacks Cement:
	Bridge Plug Depth:	Sacks Cement on Top:	

FORMATION:	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-in	<input type="checkbox"/> Commingled
Perforations Gross Interval: <u>Top</u>	Bottom:	No. Holes:	Size:	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:

Test Informe Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H ₂ O:
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition: <u>0</u>	
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR:

Production Method:	Tubing Size:	Setting Depth:	Packer Depth:
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Reason for Non-Production	Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sacks Cement:
	Bridge Plug Depth:	Sacks Cement on Top:	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.
Print Name: Brian Glater
Signed: [Signature] Title: Engineering Intern Date: 11/5/04