



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

COGCC

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

Operator

OGCC  
5

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

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: Top 6920	Bottom 7251	No. Holes: 75 Size: 38
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 Inform Date: 10/21/2004	Hours: 24	Bbls Oil: 11	MCF Gas: 209	Bbls H <sub>2</sub> O: 0
Production Test Method:	Casing Pressure: 580	Flowing Tubing Pressure: 410	Choke Size: 20	
API Gravity Oil: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Helium	Gas Disposition: sold	
<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other				
Calculated 24 Hr Rate	Bbls Oil: 11	MCF Gas: 209	Bbls H <sub>2</sub> O: 0	GOR: 19,000
Production Method:				
Tubing Size: 2-3/8"	Setting Depth: 7145	Packer Depth: N/A		

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 checked="" type="checkbox"/> Shut-in	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top	Bottom	No. Holes: Size: Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe:		

Test Inform Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> 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 <sub>2</sub> <input type="checkbox"/> Helium	Gas Disposition: 0	
<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other				
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O:	GOR:
Production Method:				

Tubing Size:	Setting Depth:	Packer Depth:
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 Glaser

Signed: [Signature] Title: Engineering Intern Date: 11/5/04