



State of Colorado

01401299

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

Complete the  
Attachment Checklist

Operator 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.

Wellbore Diagram	
Site Facility Diagram	

1. OGCC Operator Number: 47120	4. Contact Name & Phone: Pat Tognoni
2. Name of Operator: Kerr-McGee Rocky Mountain Corporation	No: 970-330-0614
3. Address: 3939 Carson Avenue	Fax: 970-330-0431
City: Evans State: CO Zip: 80620	
5. API Number: 05-123-22249	6. County: WELD
7. Well Name: BOULTER	Well Number: 17-34
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE Section 34 TWN 5N RNG 65W	

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 6700	Bottom 7029	No. Holes: 62	Size: 0.38	Open Hole Completion (check if yes)
Formation Treatment Describe: Fraced w/ 152,770 gallons gelled fluid, , 115731 lbs 30/50 Walker-Wedron-Ottawa, ,				
Production Reflects NIOBRARA-CODELL formations				
Test Inform Date: 10/10/2004	Hours: 24	Bbls Oil: 4	MCF Gas: 103	Bbls H <sub>2</sub> O: 0
Production Test Method: flowing	Casing Pressure: 542	Flowing Tubing Pressure: 353	Choke Size: 14	
API Gravity Oil: 60.2	BTU Gas:	<input type="checkbox"/> Wet	<input type="checkbox"/> CO <sub>2</sub>	<input type="checkbox"/> Helium
<input checked="" type="checkbox"/> Condensate		<input type="checkbox"/> Dry	<input type="checkbox"/> Coal Gas	<input type="checkbox"/> Other
Calculated 24 Hr Rate	Bbls Oil: 4	MCF Gas: 103	Bbls H <sub>2</sub> O: 0	GOR: 25,750
Production Method: flowing				
Tubing Size: 2-3/8"	Setting Depth: 6987	Packer Depth: N/A		

Reason for Non-Production

Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Yes <input checked="" 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: Top	Bottom	No. Holes:	Size:	Open Hole Completion (check if yes)
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	BTU Gas:	<input type="checkbox"/> Wet	<input type="checkbox"/> CO <sub>2</sub>	<input type="checkbox"/> Helium
<input type="checkbox"/> Condensate		<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:		

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	BTU Gas:	<input type="checkbox"/> Wet	<input type="checkbox"/> CO <sub>2</sub>	<input type="checkbox"/> Helium
<input type="checkbox"/> Condensate		<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:		

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	BTU Gas:	<input type="checkbox"/> Wet	<input type="checkbox"/> CO <sub>2</sub>	<input type="checkbox"/> Helium
<input type="checkbox"/> Condensate		<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:		

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Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
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<input type="checkbox"/> Condensate		<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:		

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<input type="checkbox"/> Condensate		<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:		

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Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O:	GOR:
Production Method:				
Tubing Size:	Setting Depth:	Packer Depth:		

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Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O:	GOR:
Production Method:				
Tubing Size:	Setting Depth:	Packer Depth:		

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<input type="checkbox"/> Condensate		<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:		

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<input type="checkbox"/> Condensate		<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:		

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

Print Name: Lindsey Stelmach

Signed: Lindsey Stelmach

Title: Senior Ops. Assistant

Date: 11-4-04