

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-22070-00
6. County: WELD
7. Well Name: BOYLE STATE
Well Number: 8-16
8. Location: QtrQtr: SENE Section: 16 Township: 2N Range: 66W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/09/2010 Date of First Production this formation: 08/18/2010
Perforations Top: 7233 Bottom: 7476 No. Holes: 136 Hole size: 0.32

Provide a brief summary of the formation treatment: Open Hole: ☐

NBRR Perf 7233-7322 Holes 82 Size 0.32 CODL Perf 7458-7476 Holes 54 Size 0.32
Reperf NBRR 7240-7322 Holes 36 Size 0.32.
Reperf CODL 7458-7476 Holes 18 Size 0.32.
Refrac NB-CD w/ 448,644 gal SW & 342,520# 40/70 sand & 8,040# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 08/28/2010 Hours: 24 Bbls oil: 17 Mcf Gas: 59 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 59 Bbls H2O: 0 GOR: 3471
Test Method: FLOWING Casing PSI: 835 Tubing PSI: 493 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1282 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7409 Tbg setting date: 08/12/2010 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: _____

Comment:

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

Signed: _____

Print Name: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email Cindy.Vue@anadarko.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____