

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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COMPLETED INTERVAL REPORT

Document Number:

400183965

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-  
4. Contact Name: Cindy Vue  
Phone: (720) 929-6832  
Fax: (720) 929-7832

5. API Number 05-123-24507-00  
6. County: WELD  
7. Well Name: BURCHFIELD STATE  
Well Number: 33-16  
8. Location: QtrQtr: NWSW Section: 16 Township: 3N Range: 67W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 04/30/2010	Date of First Production this formation: 04/17/2008
Perforations Top: 7154 Bottom: 7176	No. Holes: 66 Hole size: 0.38
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Drilled out CIBP to commingle well on 4/30/2010.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:	
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:	
Test Method: Casing PSI: Tubing PSI: Choke Size:	
Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:	
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:	
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/30/2010 Date of First Production this formation: 05/13/2010

Perforations Top: 6913 Bottom: 7176 No. Holes: 126 Hole size: 0.38

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

NB PERF 6913-7032 HOLES 60 SIZE 0.41  
CD PERF 7154-7176 HOLES 66 SIZE 0.38

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

**Test Information:**

Date: 05/12/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 223 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 40 Mcf Gas: 223 Bbls H2O: 0 GOR: 5575

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: 1150 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1221 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7120 Tbg setting date: 05/05/2010 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 05/13/2010 Date of First Production this formation: 04/20/2010

Perforations Top: 6913 Bottom: 7032 No. Holes: 60 Hole size: 0.41

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

Commingle well with Codell.

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

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

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: \_\_\_\_\_

**Comment:**

This well is on the Kerr-Mcgee Delinquency List for missing reports from 09/2010 to present on the Codell formation. It is also missing reports from 09/2010 to present on the Niobrara formation. This Form 5A is the most up to date on the producing formation status. The Niobrara and Codell formation were commingled 5/13/2010. Thank you.

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

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: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)