

FORM
5A

Rev
02/08

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

State of Colorado

Oil and Gas Conservation Commission



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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 4. Contact Name: Cindy Vue
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-31729-00 6. County: WELD
 7. Well Name: BRYANT Well Number: 36-30
 8. Location: QtrQtr: SWSE Section: 30 Township: 2N Range: 68W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 10/13/2011 Date of First Production this formation: 11/09/2011
 Perforations Top: 7380 Bottom: 8144 No. Holes: 168 Hole size: 0.42

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

NB PERF 7380-7570 HOLES 58 SIZE 0.42
CD PERF 7690-7708 HOLES 54 SIZE 0.42
J S PERF 8130-8144 HOLES 56 SIZE 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/09/2011 Hours: 24 Bbls oil: 30 Mcf Gas: 100 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 100 Bbls H2O: 0 GOR: 3333
 Test Method: FLOWING Casing PSI: 2750 Tubing PSI: _____ Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1155 API Gravity Oil: 52
 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 10/13/2011 Date of First Production this formation: 11/09/2011

Perforations Top: 8130 Bottom: 8144 No. Holes: 56 Hole size: 0.38

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

J S PERF 8130-8144 HOLES 56 SIZE 0.38
Frac J-Sand down 4-1/2" Csg w/ 146,383 gal Slickwater w/ 144,180# 40/70, 4,000# SB Excel

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/24/2011 Date of First Production this formation: 11/09/2011

Perforations Top: 7380 Bottom: 7708 No. Holes: 112 Hole size: 0.42

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

NB PERF 7380-7570 HOLES 58 SIZE 0.42 CD PERF 7690-7708 HOLES 54 SIZE 0.42
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 250,866 gal Slickwater w/ 202,100# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 203,826 gal Slickwater w/ 151,340# 40/70, 4,000# SB Excel

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: _____

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)