

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 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: 80217-37

5. API Number 05-123-26899-00 6. County: WELD
7. Well Name: TALLGRASS Well Number: 10-17
8. Location: QtrQtr: SESE Section: 17 Township: 1N Range: 68W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/06/2007 Date of First Production this formation: 09/02/2009
Perforations Top: 7591 Bottom: 8014 No. Holes: 126 Hole size: 42/100

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

NBRR PERF 7591-7862 HOLES 66 SIZE 0.41.
CODL PERF 7994-8014 HOLES 66 SIZE 0.42.

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

Test Information:

Date: 02/01/2010 Hours: 24 Bbls oil: 53 Mcf Gas: 132 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 53 Mcf Gas: 132 Bbls H2O: 0 GOR: 2491
Test Method: FLOWING Casing PSI: 505 Tubing PSI: 367 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1305 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7963 Tbg setting date: 12/01/2009 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: 07/06/2007 Date of First Production this formation: 09/02/2009

Perforations Top: 7591 Bottom: 7862 No. Holes: 66 Hole size: 41/100

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

FRAC NBRR W/244,000 GAL SW & 200,000# SAND & 8,000# 20/40 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: _____

Title: _____ Date: _____ Email : _____

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: David S. Neslin Director of COGCC Date: 9/15/2010