

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:

2554264

**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) 9296832  
3. Address: P O BOX 173779 Fax: (720) 9297832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-23937-00 6. County: WELD  
7. Well Name: LUDWIG Well Number: 27-1  
8. Location: QtrQtr: NWNE Section: 1 Township: 3N Range: 66W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 07/26/2006 Date of First Production this formation: 07/30/2006  
Perforations Top: 7088 Bottom: 7389 No. Holes: 170 Hole size: 42/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
NB PERF 7088-7254 HOLES 110 SUIZE 0.42. CD PERF 7374-7389 HOLES 60 SIZE 0.38. NB FRAC WITH 171314 GAL SW WITH 250600 30/50 SAND. CD FRAC WITH 163580 GAL SW WITH 115100 30/50 SAND.

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

**Test Information:**

Date: 05/13/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 54 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 54 Bbls H2O: 0 GOR: 54000  
Test Method: FLOWING Casing PSI: 310 Tubing PSI: 270 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1214 API Gravity Oil: 56  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7339 Tbg setting date: 09/25/2006 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: REG ANALYST II Date: 5/17/2010 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 *David S. Neslin*

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: 9/15/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2554264	FORM 5A SUBMITTED	LF@2494838 2554264

Total Attach: 1 Files