



## 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.

Document Number:

400256332

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: CARA MAHLER  
Phone: (720) 929-6029  
Fax: (720) 929-7029

5. API Number 05-123-30671-00  
6. County: WELD  
7. Well Name: NELSON Well Number: 2-35  
8. Location: QtrQtr: NWNE Section: 35 Township: 2N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

### Completed Interval

FORMATION: J-NIOBRARA-CODELL			Status: COMMINGLED		
Treatment Date: 01/14/2012		Date of First Production this formation: 02/08/2012			
Perforations	Top: 7332	Bottom: 8087	No. Holes: 186	Hole size: 0.38	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
JSND REC					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: 02/19/2012	Hours: 24	Bbls oil: 11	Mcf Gas: 132	Bbls H2O: 0	
Calculated 24 hour rate:		Bbls oil: 11	Mcf Gas: 132	Bbls H2O: 0	GOR: 12000
Test Method: FLOWING	Casing PSI: 1420	Tubing PSI:	Choke Size:		
Gas Disposition: SOLD	Gas Type: WET	BTU Gas: 1382	API Gravity Oil: 50		
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: J SAND		Status: PRODUCING		
Treatment Date: 01/14/2012		Date of First Production this formation: 02/08/2012		
Perforations	Top: 8065	Bottom: 8087	No. Holes: 60	Hole size: 0.43
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
Frac JSND down casing w/ 163,926 gal slickwater w/ 160,260# 40/70, 4,000# SB Excel.				
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:		

Comment:

CHOKE N/A. NO WBD

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

Signed: \_\_\_\_\_ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: \_\_\_\_\_ Email: CARA.MAHLER@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)