

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400090005

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 05-123-20322-00 6. County: WELD
7. Well Name: HSR HOLTON FEDERAL Well Number: 15-5A
8. Location: QtrQtr: SESE Section: 5 Township: 1N Range: 66W Meridian: 6

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/11/2010</u>		Date of First Production this formation: <u>08/18/2010</u>	
Perforations	Top: <u>8178</u> Bottom: <u>8214</u>	No. Holes: <u>84</u>	Hole size: <u>0.35</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Drill out sand plug set @ 8000' to commingle JSND w/ NB-CD.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>08/20/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>13</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>13</u> Bbls H2O: <u>0</u> GOR: <u> </u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>480</u>	Tubing PSI: <u>427</u>	Choke Size: <u> </u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1293</u>	API Gravity Oil: <u>45</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8155</u>	Tbg setting date: <u>08/11/2010</u>	Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>			
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>			
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>			

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>08/18/2010</u>		Date of First Production this formation: <u>07/07/2008</u>			
Perforations	Top: <u>7545</u>	Bottom: <u>7780</u>	No. Holes: <u>135</u>	Hole size: <u>0.35</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NBRR Perf 7545-7632 Holes 90 Size 0.42			CODL Perf 7765-7780 Holes 45 Size 0.38		
No additional treatment.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>08/20/2010</u>	Hours: <u>24</u>	Bbls oil: <u>2</u>	Mcf Gas: <u>18</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>2</u>	Mcf Gas: <u>18</u>	Bbls H2O: <u>0</u>	GOR: <u>9000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>480</u>	Tubing PSI: <u>427</u>	Choke Size: _____		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1293</u>	API Gravity Oil: <u>54</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8155</u>	Tbg setting date: <u>08/11/2010</u>	Packer Depth: _____		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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:

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: _____