

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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COMPLETED INTERVAL REPORT

Document Number:  
400090005

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  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-37  
4. Contact Name: Cindy Vue  
Phone: (720) 929-6832  
Fax: (720) 929-7832

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: J SAND Status: PRODUCING

Treatment Date: 08/11/2010 Date of First Production this formation: 08/18/2010

Perforations Top: 8178 Bottom: 8214 No. Holes: 84 Hole size: 0.35

Provide a brief summary of the formation treatment: Drill out sand plug set @ 8000' to commingle JSND w/ NB-CD. Open Hole:

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 08/20/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 13 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 13 Bbls H2O: 0 GOR:       

Test Method: FLOWING Casing PSI: 480 Tubing PSI: 427 Choke Size:       

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8155 Tbg setting date: 08/11/2010 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: 08/18/2010 Date of First Production this formation: 07/07/2008

Perforations Top: 7545 Bottom: 7780 No. Holes: 135 Hole size: 0.35

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

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:  Yes  No

**Test Information:**

Date: 08/20/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 18 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 2 Mcf Gas: 18 Bbls H2O: 0 GOR: 9000

Test Method: FLOWING Casing PSI: 480 Tubing PSI: 427 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8155 Tbg setting date: 08/11/2010 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: \_\_\_\_\_