

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  
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 05-123-20958-00  
6. County: WELD  
7. Well Name: HUDSON  
Well Number: 11-35A  
8. Location: QtrQtr: NESW Section: 35 Township: 2N Range: 65W Meridian: 6

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>07/12/2010</u>	Date of First Production this formation: <u>09/23/2002</u>
Perforations Top: <u>7670</u> Bottom: <u>7710</u>	No. Holes: <u>64</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Set sand plug @ 7300'.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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: _____	
<u>JSND temporarily abandoned for NB-CD recomple.</u>	
Date formation Abandoned: <u>07/12/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7300</u>	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/21/2010 Date of First Production this formation: 08/09/2010

Perforations Top: 6994 Bottom: 7236 No. Holes: 116 Hole size: 0.38

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

NBRR Perf 6994-7070 Holes 60 Size 0.42 CODL Perf 7222-7236 Holes 56 Size 0.38  
Frac NBRR w/ 250 gal 15% HCl & 223,610 gal SW & 200,360# 40/70 sand & 1,500# SB Excel.  
Frac CODL w/ 202,734 gal SW & 150,240# 40/70 sand & 4,080# SB Excel.

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

**Test Information:**

Date: 09/04/2010 Hours: 24 Bbls oil: 24 Mcf Gas: 41 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 41 Bbls H2O: 0 GOR: 1708

Test Method: FLOWING Casing PSI: 1380 Tubing PSI: 832 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1177 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7172 Tbg setting date: 08/20/2010 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

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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: \_\_\_\_\_