

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 05-123-20961-00  
6. County: WELD  
7. Well Name: HUDSON  
Well Number: 12-26A  
8. Location: QtrQtr: NWSW Section: 26 Township: 2N Range: 65W Meridian: 6

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 07/01/2010 Date of First Production this formation: 09/30/2002  
Perforations Top: 7662 Bottom: 7700 No. Holes: 60 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set sand plug @ 7403'.

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

**Test Information:**

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:

JSND temporarily abandoned for NB-CD recompleate.

Date formation Abandoned: 07/01/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7403 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/15/2010 Date of First Production this formation: 08/24/2010

Perforations Top: 7056 Bottom: 7237 No. Holes: 104 Hole size: 0.38

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

NBRR Perf 7056-7138 Holes 48 Size 0.44 CODL Perf 7223-7237 Holes 56 Size 0.38  
Frac NBRR w/ 250 gal 15% HCl & 219,032 gal SW & 201,420# 40/70 sand & 4,000# SB Excel.  
Frac CODL w/ 206,262 gal SW & 150,760# 40/70 sand & 4,000# SB Excel.

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

**Test Information:**

Date: 08/26/2010 Hours: 24 Bbls oil: 65 Mcf Gas: 107 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 65 Mcf Gas: 107 Bbls H2O: 0 GOR: 1646

Test Method: FLOWING Casing PSI: 1325 Tubing PSI: 525 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1167 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7190 Tbg setting date: 08/18/2010 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: \_\_\_\_\_