

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 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 05-123-21095-00 6. County: WELD
7. Well Name: HILL Well Number: 3-3A
8. Location: QtrQtr: NENW Section: 3 Township: 3N Range: 67W Meridian: 6

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 09/07/2004 Date of First Production this formation: 12/30/2002
Perforations Top: 7571 Bottom: 7612 No. Holes: 116 Hole size: 0.45

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set sand plug @ 7300'.

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: 09/07/2004 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7300 Sacks cement on top: _____

FORMATION: <u>NIOBRARA-CODELL</u>						Status: <u>PRODUCING</u>					
Treatment Date: <u>08/25/2010</u>				Date of First Production this formation: <u>08/30/2010</u>							
Perforations Top:		<u>6816</u>	Bottom:		<u>7142</u>	No. Holes:		<u>137</u>	Hole size:		<u>0.45</u>
Provide a brief summary of the formation treatment:						Open Hole: <input type="checkbox"/>					
NBRR Perf 6816-6906 Holes 95 Size 0.42 Reperf NBRR 6816-6906 Holes 66 Size 0.42. Refrac NBRR w/ 252 gal 15% HCl & 168,966 gal Vistar Hybrid & 250,400# 20/40 sand & 4,140# SB Excel.						CODL Perf 7121-7142 Holes 42 Size 0.45 Refrac CODL w/ 118,734 gal Vistar & 261,240# 20/40 sand & 4,140# SB Excel.					
This formation is commingled with another formation:						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:											
Date: <u>09/07/2010</u>		Hours: <u>24</u>		Bbls oil: <u>21</u>		Mcf Gas: <u>113</u>		Bbls H2O: <u>0</u>			
Calculated 24 hour rate:				Bbls oil: <u>21</u>		Mcf Gas: <u>113</u>		Bbls H2O: <u>0</u>		GOR: <u>5381</u>	
Test Method: <u>FLOWING</u>				Casing PSI: <u>361</u>		Tubing PSI: _____		Choke Size: <u>64/64</u>			
Gas Disposition: <u>SOLD</u>				Gas Type: <u>WET</u>		BTU Gas: <u>1366</u>		API Gravity Oil: <u>52</u>			
Tubing Size: _____		Tubing Setting Depth: _____		Tbg setting date: _____		Packer Depth: _____					
Reason for Non-Production: <div style="border: 1px solid black; height: 20px;"></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: _____