

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

COMPLETED INTERVAL REPORT

Document Number:

1653945

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) 929-6000  
3. Address: P O BOX 173779 Fax: (720) 929-7461  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-14675-00 6. County: WELD  
7. Well Name: HSR-PICCONE Well Number: 2-21  
8. Location: QtrQtr: NWNE Section: 21 Township: 3N Range: 66W Meridian: 6

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 12/12/2008 Date of First Production this formation: 01/12/2009  
Perforations Top: 7428 Bottom: 7440 No. Holes: 56 Hole size: 38/100  
Provide a brief summary of the formation treatment: REPERF CODL 7428-7440, HOLES 32, SIZE 0.16. REFRAC CODL W/ 125,000 GAL VISTAR & 260,000 # 20/40 OTTAWA & 4,000# 20/40 RESIN TAIL. Open Hole:   
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 01/22/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 2 Mcf Gas: 70 Bbls H2O: 0 GOR: 35000  
Test Method: FLOWING Casing PSI: 222 Tubing PSI: 198 Choke Size: \_\_\_\_\_  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1277 API Gravity Oil: 58  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7408 Tbg setting date: 12/29/2008 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: Y Print Name: CINDY VUE

Title: REG ANALYST II Date: 4/21/2010 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

*David S. Neslin*

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: 9/15/2010