

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 05-123-18827-00  
6. County: WELD  
7. Well Name: HSR-SEKICH  
Well Number: 16-17  
8. Location: QtrQtr: SESE Section: 17 Township: 3N Range: 67W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/18/2010 Date of First Production this formation: 09/02/2010  
Perforations Top: 6946 Bottom: 7170 No. Holes: 78 Hole size: 0.38

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

NBRR Perf 6946-6947 Holes 2 Size 0.31 CODL Perf 7152-7170 Holes 76 Size 0.38  
Reperf CODL 7152-7170 Holes 36 Size 0.38.  
Trifrac CODL w/ 121,464 gal pHaser & 261,740# 20/40 sand & 4,000# SB Excel.

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

**Test Information:**

Date: 09/12/2010 Hours: 24 Bbls oil: 8 Mcf Gas: 84 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 84 Bbls H2O: 0 GOR: 10500  
Test Method: FLOWING Casing PSI: 669 Tubing PSI: 387 Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 API Gravity Oil: 51  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7117 Tbg setting date: 08/25/2010 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: \_\_\_\_\_