

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 05-123-19498-00
6. County: WELD
7. Well Name: HSR-KINZER
Well Number: 4-23
8. Location: QtrQtr: NWNW Section: 23 Township: 5N Range: 67W Meridian: 6

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>07/19/2010</u>	Date of First Production this formation: <u>09/07/2010</u>
Perforations Top: <u>7186</u> Bottom: <u>7208</u>	No. Holes: <u>104</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Trifrac CODL w/ 193,364 gal SW & 151,940# 40/70 sand & 4,000# SuperLC.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: _____	
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: _____	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/19/2010 Date of First Production this formation: 09/07/2010

Perforations Top: 6877 Bottom: 7208 No. Holes: 176 Hole size: 0.38

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

NBRR Perf 6877-7070 Holes 72 Size 0.42 CODL Perf 7186-7208 Holes 104 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 246,576 gal SW & 200,360# 40/70 sand & 4,000# SuperLC.

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

Test Information:

Date: 09/14/2010 Hours: 24 Bbls oil: 6 Mcf Gas: 63 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 6 Mcf Gas: 63 Bbls H2O: 0 GOR: 10500

Test Method: FLOWING Casing PSI: 991 Tubing PSI: 556 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7151 Tbg setting date: 07/29/2010 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

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: _____