

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

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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 05-123-13096-00 6. County: WELD
7. Well Name: HATCH UPRR Well Number: 31-11#3
8. Location: QtrQtr: NWNE Section: 11 Township: 3N Range: 66W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/28/2010 Date of First Production this formation: 09/07/2010
Perforations Top: 7086 Bottom: 7388 No. Holes: 148 Hole size: 0.38

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

NBRR Perf 7086-7248 Holes 60 Size 0.42 CODL Perf 7372-7388 Holes 88 Size 0.38
Reperf NBRR 7086-7248 Holes 56 Size 0.42.
Refrac NBRR w/ 250 gal 15% HCl & 140,757 gal Dynaflo 2 Hybrid & 250,760# 20/40 sand & 4,000# SuperLC.
Reperf CODL 7372-7388 Holes 32 Size 0.38.
Trifrac CODL w/ 122,627 gal SW & 266,300# 20/40 sand & 4,000# SuperLC.

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

Test Information:

Date: 09/17/2010 Hours: 24 Bbls oil: 9 Mcf Gas: 240 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 240 Bbls H2O: 0 GOR: 26667
Test Method: FLOWING Casing PSI: 628 Tubing PSI: 531 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1277 API Gravity Oil: 61
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7347 Tbg setting date: 08/12/2010 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: _____