

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 05-123-20596-00  
6. County: WELD  
7. Well Name: HSR-STREAR  
Well Number: 2-22  
8. Location: QtrQtr: NWNE Section: 22 Township: 2N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 09/23/2010 Date of First Production this formation: 10/06/2010  
Perforations Top: 7410 Bottom: 7648 No. Holes: 134 Hole size: 0.38  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
NBRR Perf 7410-7494 Holes 84 Size 0.38 CODL Perf 7629-7648 Holes 50 Size 0.38  
Reperf NBRR 7418-7494 Holes 66 Size 0.38.  
Refrac NBRR w/ 249,272 gal SW & 200,260# 30/50 sand & 4,000# SB Excel.

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

**Test Information:**

Date: 10/14/2010 Hours: 24 Bbls oil: 9 Mcf Gas: 40 Bbls H2O: 0  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 9 Mcf Gas: 40 Bbls H2O: 0 GOR: 4445  
Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 1100 Choke Size: 28/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1162 API Gravity Oil: 51  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7593 Tbg setting date: 09/29/2010 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

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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: \_\_\_\_\_