

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 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 05-123-20304-00 6. County: WELD  
7. Well Name: HSR-KRAUSE Well Number: 14-28A  
8. Location: QtrQtr: SESW Section: 28 Township: 4N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 10/12/2010 Date of First Production this formation: 05/31/2001  
Perforations Top: 7705 Bottom: 7756 No. Holes: 92 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Set sand plug @ 7500'

This formation is commingled with another formation:  Yes  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: \_\_\_\_\_  
JSND temporarily abandoned for NB-CD recomple.

Date formation Abandoned: 10/12/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7500 Sacks cement on top: \_\_\_\_\_

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 10/26/2010 Date of First Production this formation: 11/01/2010

Perforations Top: 6946 Bottom: 7240 No. Holes: 114 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NBRR Perf 6946-7118 Holes 60 Size 0.42 CODL Perf 7222-7240 Holes 54 Size 0.38  
Frac NBRR w/ 250 gal 15% HCl & 248,325 gal SW & 200,420# 40/70 sand & 4,220# SB Excel.  
Frac CODL w/ 202,588 gal SW & 150,020# 40/70 sand & 4,140# SB Excel.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 11/03/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 320 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 10 Mcf Gas: 320 Bbls H2O: 0 GOR: 32000

Test Method: FLOWING Casing PSI: 3250 Tubing PSI: \_\_\_\_\_ Choke Size: 6/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1277 API Gravity Oil: 65

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: \_\_\_\_\_