

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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COMPLETED INTERVAL REPORT

Document Number:  
2509075

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) 9296832  
3. Address: P O BOX 173779 Fax: (720) 9297832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-15483-00 6. County: WELD  
7. Well Name: HSR-SCHREIBER Well Number: 1-30  
8. Location: QtrQtr: NENE Section: 30 Township: 4N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/03/2010 Date of First Production this formation: 03/30/1999

Perforations Top: 6995 Bottom: 7256 No. Holes: 96 Hole size: \_\_\_\_\_

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

NBRR PERF 6995-7130 HOLES 20. CODL PERF 7240-7256 HOLES 76. TRI-FRAC CODL W/ 171113 GAL SW AND 116120# 40/70 SAND AND 4000# 20/40 SB EXCEL. NB-CD RETURNED TO PRODUCTION 03/19/2010 AFTER CODL TRI-FRAC.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 04/08/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 3 Mcf Gas: 101 Bbls H2O: 0 GOR: 38773

Test Method: FLOWING Casing PSI: 287 Tubing PSI: 272 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1279 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7220 Tbg setting date: 03/08/2010 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: 7/1/2010 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: David S. Neslin Director of COGCC Date: 11/30/2010

**Attachment Check List**

| Att Doc Num | Name |
|-------------|------|
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| User Group | Comment | Comment Date |
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