

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:

2511276

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

5. API Number 05-123-19782-00 6. County: WELD
7. Well Name: HSR-KIRKMIDD Well Number: 9-15A
8. Location: QtrQtr: NESE Section: 15 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>06/21/2010</u>	Date of First Production this formation: <u>07/14/2010</u>
Perforations Top: <u>8005</u> Bottom: <u>8044</u>	No. Holes: <u>74</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>SET SAND PLUG @7785.</u> <u>OUR INTENT IS TO REMOVE SAND PLUG TO COMMINGLE WELL WITH THE NEXT SIX MONTHS.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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: _____	
<u>JSND TEMORARILY ABANDONED FOR NB-CD RECOMPLETE.</u>	
Date formation Abandoned: <u>06/21/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7785</u>	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 06/29/2010

Date of First Production this formation: 07/08/2010

Perforations Top: 4356 Bottom: 7584 No. Holes: 120 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

NBRR PERF 7356-7428 HLES 66 SIZE 0.42

CODL PERF 7566-7584 HOLES 54 SIZE 0.38

FRAC NBRR W/ 250 GAL 15% GC1 & 243,224 GAL SW & 200,200# 40/70 SAND & 4,000# SB EXCEL.

FRAC CODL W/ 201,768 GAL SW & 150,204# 40/70 SAND & 4,000# SB EXCEL.

This formation is commingled with another formation:

☐ Yes ☒ No**Test Information:**

Date: 07/18/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 116 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1550 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1143 API Gravity Oil: 46

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 ANALYSTII Date: 7/27/2010 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 G. Neslin Director of COGCC Date: 12/7/2010**Attachment Check List**

Att Doc Num	Name
2511276	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)