

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:

400093882

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 05-123-22921-00 6. County: WELD
7. Well Name: HUDCO Well Number: 9-18
8. Location: QtrQtr: NESE Section: 18 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>08/27/2010</u>		Date of First Production this formation: <u>09/02/2010</u>		
Perforations	Top: <u>7356</u>	Bottom: <u>7374</u>	No. Holes: <u>82</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>Reperf CODL 7356-7374 Holes 18 Size 0.38. Refrac CODL w/ 204,982 gal SW & 150,520# 40/70 sand & 4,000# SB Excel.</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input 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: <div></div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____		Sacks cement on top: _____		

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 08/13/2010 Date of First Production this formation: 11/01/2006

Perforations Top: 7808 Bottom: 7870 No. Holes: 100 Hole size: 45/100

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

Set sand plug @ 7600'.

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 CODL refrac/NBRR recomplete.

Date formation Abandoned: 08/13/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7600 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/27/2010 Date of First Production this formation: 09/02/2010

Perforations Top: 7136 Bottom: 7374 No. Holes: 150 Hole size: 38/100

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

NBRR Perf 7136-7214 Holes 68 Size 0.42 CODL Perf 7356-7374 Holes 82 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 245,094 gal SW & 201,080# 40/70 sand & 4,000# SB Excel.

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

Test Information:

Date: 09/23/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 72 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 30 Mcf Gas: 72 Bbls H2O: 0 GOR: 2400

Test Method: FLOWING Casing PSI: 1501 Tubing PSI: 181 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1239 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7324 Tbg setting date: 09/10/2010 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: 9/27/2010 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 S. Neslin Director of COGCC Date: 12/22/2010

Attachment Check List

Att Doc Num	Name
400093882	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)