

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:

400101323

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 05-123-20596-00 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: WATTENBERG Field Code: 90750

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: 38/100

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: 10/18/2010 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: 12/30/2010

**Attachment Check List**

Att Doc Num	Name
400101323	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)