

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400120131

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Kenny Trueax
Phone: (720) 929-6383
Fax: (720) 929-7383

5. API Number 05-123-19954-00
6. County: WELD
7. Well Name: HSR-SHAKLEE Well Number: 13-25
8. Location: QtrQtr: NWSW Section: 25 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 10/25/2010 Date of First Production this formation: 11/03/2000

Perforations Top: 7612 Bottom: 7653 No. Holes: 84 Hole size: 0.38

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

J-Sand under sand plug at 7420'

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: _____

TA for Niobrara/Codell recomplete

Date formation Abandoned: 10/25/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/18/2010 Date of First Production this formation: 11/29/2010

Perforations Top: 6958 Bottom: 7048 No. Holes: 120 Hole size: 0.38

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

NB Perfs 6958-7048 Holes 64 Size .38
Frac NB w/ 250 gal 15% HCl & 246,276 gal Slickwater w/ 201,100# 40/70 sand, 4,000# SB Excel sand
CD Perfs 7164-7048 Holes 56 Size .38
Frac CD w/ 199,759 gal Slickwater w/ 150,100# 40/70 sand, 4,000# SB Excel sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/30/2010 Hours: 24 Bbls oil: 56 Mcf Gas: 63 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 56 Mcf Gas: 63 Bbls H2O: 0 GOR: 1125

Test Method: Flowing Casing PSI: 1191 Tubing PSI: 825 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1133 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7140 Tbg setting date: 12/09/2010 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: Kenny Trueax

Title: Regulatory Analyst II Date: _____ Email Kenny.Trueax@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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)