

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:

400120131

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

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: <u>J SAND</u>   | Status: <u>TEMPORARILY ABANDONED</u>  |
| Treatment Date: <u>10/25/2010</u>  | Date of First Production this formation: <u>11/03/2000</u>  |
| Perforations Top: <u>7612</u> Bottom: <u>7653</u>  | No. Holes: <u>84</u> Hole size: <u>0.38</u>   |
| Provide a brief summary of the formation treatment:  | Open Hole: <input type="checkbox"/>   |
| <u>J-Sand under sand plug at 7420'</u>   |   |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Test Information:</b>   |   |
| 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>TA for Niobrara/Codell recomple</u>   |   |
| Date formation Abandoned: <u>10/25/2010</u>  | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)