

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:

400120422

**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 05-123-20455-00 6. County: WELD  
7. Well Name: HSR-KARRE Well Number: 9-15  
8. Location: QtrQtr: NESE Section: 15 Township: 5N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>10/09/2009</u>		Date of First Production this formation: <u>10/04/2001</u>	
Perforations	Top: <u>6955</u>	Bottom: <u>6965</u>	No. Holes: <u>40</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Drilled out CIBP to commingle with NBRR.</div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: _____			
<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: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 10/09/2009

Date of First Production this formation: 10/14/2010

Perforations Top: 6655 Bottom: 6965 No. Holes: 164 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

Drilled out CIBP isolating CODL to commingle NBRR and CODL production.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 12/31/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 49 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 49 Bbls H2O: 0 GOR: 16333

Test Method: FLOWING Casing PSI: 342 Tubing PSI: 304 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 58

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:

FORMATION: NIOBRARA

Status: COMMINGLED

Treatment Date: 01/25/2008

Date of First Production this formation: 02/07/2008

Perforations Top: 6655 Bottom: 6868 No. Holes: 124 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac w/ 1000 gal 15% HCl, 174,048 gal SW, 250,280# 30/50 sand and 4000# 20/40 SuperLC.

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:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

**Comment:**

ATTN: DARLA GEIMAUSADDLE

HSR-Karre 9-15 is on the Delinquency List for 11 CODL missing reports from 11/2009-9/2010 and 9 NBRR missing reports from 1/2010-9/2010.

This Form 5A reflects the most current status of the two commingled producing formations. Thank you.

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: \_\_\_\_\_

Email Cindy.Vue@anadarko.com  
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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**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)