

FORM
5A

Rev
02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado

Oil and Gas Conservation Commission



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400124955

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 05-123-20345-00 6. County: WELD
 7. Well Name: HSR-LEPPLA Well Number: 7-2
 8. Location: QtrQtr: SWNE Section: 2 Township: 1N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 01/05/2006 Date of First Production this formation: 01/06/2006
 Perforations Top: 7720 Bottom: 7740 No. Holes: 60 Hole size: 0.38
 Provide a brief summary of the formation treatment: Open Hole:
Commingled with JSND; no new treatment
 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: _____

FORMATION: J-CODELL Status: COMMINGLED

Treatment Date: 12/07/2010 Date of First Production this formation: 12/13/2010

Perforations Top: 7720 Bottom: 8186 No. Holes: 126 Hole size: 0.38

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

Drill out sand plug set at 8090' to commingle JSND with Codell; no new formation treatment

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/17/2011 Hours: 24 Bbls oil: 11 Mcf Gas: 164 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 11 Mcf Gas: 164 Bbls H2O: 0 GOR: 14909

Test Method: Flowing Casing PSI: 450 Tubing PSI: 450 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1247 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7703 Tbg setting date: 01/16/2006 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: J SAND Status: PRODUCING

Treatment Date: 12/07/2010 Date of First Production this formation: 09/24/2001

Perforations Top: 8164 Bottom: 8186 No. Holes: 66 Hole size: 0.35

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

Drill out sand plug set at 8090' to commingle with Codell; no new treatment

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:

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)