

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: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>10/09/2009</u>		Date of First Production this formation: <u>10/14/2010</u>			
Perforations	Top: <u>6655</u>	Bottom: <u>6965</u>	No. Holes: <u>164</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Drilled out CIBP isolating CODL to commingle NBRR and CODL production.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>12/31/2010</u>	Hours: <u>24</u>	Bbls oil: <u>3</u>	Mcf Gas: <u>49</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>3</u>	Mcf Gas: <u>49</u>	Bbls H2O: <u>0</u>	GOR: <u>16333</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>342</u>	Tubing PSI: <u>304</u>	Choke Size: <u>28/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1255</u>	API Gravity Oil: <u>58</u>	
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>01/25/2008</u>		Date of First Production this formation: <u>02/07/2008</u>			
Perforations	Top: <u>6655</u>	Bottom: <u>6868</u>	No. Holes: <u>124</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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: <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 style="border: 1px solid black; height: 20px; width: 100%;"></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: _____			

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: 1/4/2011

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: *David S. Neslin*

Director of COGCC

Date: 1/21/2011

### **Attachment Check List**

Att Doc Num	Name
400120422	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)