

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:

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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 05-123-20422-00 6. County: WELD
7. Well Name: HSR ROCKY MTN FUEL Well Number: 9-8
8. Location: QtrQtr: NESE Section: 8 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>01/24/2011</u>	Date of First Production this formation: <u>11/04/2004</u>
Perforations Top: <u>8168</u> Bottom: <u>8200</u>	No. Holes: <u>96</u> Hole size: <u>0.21</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Set 1100# sand plug @ 7911' for NB/CD Refrac</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
<u>Set 1100# sand plug @ 7911' for NB/CD Refrac</u>	
Date formation Abandoned: <u>01/24/2011</u>	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>02/09/2011</u>		Date of First Production this formation: <u>02/24/2011</u>			
Perforations	Top: <u>7515</u>	Bottom: <u>7718</u>	No. Holes: <u>146</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NB Perf 7515-7542 Holes 68 Size 0.42 CD Perf 7696-7718 Holes 78 Size 0.40 Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 211,218 gal Slickwater w/ 201,360# 40/70, 4,340# SB Excel Re-Frac Codell down 4-1/2" Csg w/ 203,784 gal Slickwater w/ 152,740# 40/70, 4,040# SB Excel					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>03/16/2011</u>	Hours: <u>24</u>	Bbls oil: <u>1</u>	Mcf Gas: <u>163</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>1</u>	Mcf Gas: <u>163</u>	Bbls H2O: <u>0</u>	GOR: <u>16300</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1028</u>	Tubing PSI: <u>768</u>	Choke Size: <u>22/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1449</u>	API Gravity Oil: <u>49</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7675</u>	Tbg setting date: <u>02/16/2011</u>	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:

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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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
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Total: 0 comment(s)