

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:

400146104

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 05-123-19889-00 6. County: WELD
7. Well Name: HSR-WAGNER Well Number: 6-13A
8. Location: QtrQtr: SEnw Section: 13 Township: 2N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>01/05/2011</u>		Date of First Production this formation: <u>03/20/2000</u>	
Perforations	Top: <u>7840</u> Bottom: <u>7868</u>	No. Holes: <u>84</u>	Hole size: <u>0.35</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Set 2250# sand plug at 7600-7985' 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 2250# sand plug at 7600-7985' for NB/CD Refrac</u>			
Date formation Abandoned: <u>01/05/2011</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/26/2011 Date of First Production this formation: 02/24/2011

Perforations Top: 7184 Bottom: 7405 No. Holes: 128 Hole size: 0.42

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

NB Perf 7184-7262 Holes 68 Size 0.42 CD Perf 7389-7405 Holes 60 Size 0.38
Re-Frac Niobrara A & B down 4-1/2" Csg w/ 250 gal 15% HCl & 225,936 gal Slickwater w/ 152,700# 30/50, 4,000# SB Excel
Re-Frac Codell down 4-1/2" Csg w/ 203,700 gal Slickwater w/ 150,160# 40/70, 4,000# SB Excel

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 03/03/2011 Hours: 24 Bbls oil: 22 Mcf Gas: 147 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 22 Mcf Gas: 147 Bbls H2O: 0 GOR: 4455

Test Method: FLOWING Casing PSI: 959 Tubing PSI: 739 Choke Size: 34/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1167 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7347 Tbg setting date: 02/15/2011 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: 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

Total: 0 comment(s)