

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 05-123-19889-00 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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 01/05/2011 Date of First Production this formation: 03/20/2000

Perforations Top: 7840 Bottom: 7868 No. Holes: 84 Hole size: 0.35

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

Set 2250# sand plug at 7600-7985' for NB/CD Refrac

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: _____

Set 2250# sand plug at 7600-7985' for NB/CD Refrac

Date formation Abandoned: 01/05/2011 Squeeze: Yes 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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)