

**FORM  
5A**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

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



DE ET OE ES

**COMPLETED INTERVAL REPORT**

Document Number:

400156668

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 05-123-20959-00 6. County: WELD  
7. Well Name: HUDSON Well Number: 3-35A  
8. Location: QtrQtr: NENW Section: 35 Township: 2N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed IntervalFORMATION: J-NIOBRARA-CODELL Status: COMMINGLEDTreatment Date: 03/09/2011 Date of First Production this formation: 03/23/2011Perforations Top: 6944 Bottom: 7688 No. Holes: 172 Hole size: 0.38Provide a brief summary of the formation treatment: Open Hole: ☐

NB Perf 6944-7110 Holes 60 Size 0.38  
CD Perf 7214-7228 Holes 56 Size 0.38  
J S Perf 7650-7688 Holes 56 Size 0.38  
3/9/11 -circulate well clean of sand plug to commingle well  
3/23/11 -commingle all producing intervals

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/18/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 22 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 22 Bbls H2O: 0 GOR: 22500Test Method: FLOWING Casing PSI: 379 Tubing PSI: 307 Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 46Tubing Size: 2 + 3/8 Tubing Setting Depth: 7198 Tbg setting date: 11/13/2009 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: 03/09/2011 Date of First Production this formation: 09/15/2002

Perforations Top: 7650 Bottom: 7688 No. Holes: 56 Hole size: 0.38

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

Circulate well clean to remove sand plug and commingle well.  
Commingled with NB/CD formation on 3/23/2011.

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: Cindy Vue

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email Cindy.Vue@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)