

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:

400168873

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: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-19500-00 6. County: WELD
7. Well Name: HSR-KINZER Well Number: 6-23
8. Location: QtrQtr: SENW Section: 23 Township: 5N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/03/2011 Date of First Production this formation: 05/17/2011
Perforations Top: 6874 Bottom: 7208 No. Holes: 86 Hole size: 0.4

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

NB REPERF (5/3/2011) 6874-7094 HOLES 54 SIZE .40
Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 246,681 gal Slickwater w/ 200,640# 40/70, 4,000# SB Excel.
Tri-Frac Codell down 4-1/2" Csg w/ 204,880 gal Slickwater w/ 150,280# 40/70, 4,000# SB Excel.

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

Test Information:

Date: 05/23/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 73 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 6 Mcf Gas: 73 Bbls H2O: 0 GOR: 12166
Test Method: FLOWING Casing PSI: 718 Tubing PSI: 445 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1357 API Gravity Oil: 54
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7167 Tbg setting date: 04/05/2011 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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ Email CARA.MAHLER@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> |
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Total: 0 comment(s)