

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-

5. API Number 05-123-14695-00 6. County: WELD
7. Well Name: HSR-FEDERAL Well Number: 11-36
8. Location: QtrQtr: NESW Section: 36 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 08/05/2010 Date of First Production this formation: 08/12/2010
Perforations Top: 7402 Bottom: 7406 No. Holes: 10 Hole size: 0.31

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

8/5/2010 -release RBP to commingle well

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/05/2010 Date of First Production this formation: 08/12/2010

Perforations Top: 7180 Bottom: 7406 No. Holes: 103 Hole size: 0.5

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

Release RBP over CODL to commingle well.

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

Test Information:

Date: 08/12/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 129 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 129 Bbls H2O: 0 GOR: 3225

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 600 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1280 API Gravity Oil: 54

Tubing Size: 2 + 1/16 Tubing Setting Depth: 7356 Tbg setting date: 08/06/2010 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: NIOBRARA Status: COMMINGLED

Treatment Date: 08/12/2010 Date of First Production this formation: 08/12/2010

Perforations Top: 7180 Bottom: 7280 No. Holes: 93 Hole size: 0.5

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

1/25/1995-NB Perfs 7180-7184 Holes 5 Size 0.31
3/19/2010-NB Perfs 7176-7280 Holes 88 Size 0.50

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:

This well is on the Kerr-McGee OG #47120 Delinquency List for missing CODL production since 08/2001. This Form 5A is the most up to date on all formation status'.

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)