

**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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COMPLETED INTERVAL REPORT

Document Number:

400214321

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: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-20289-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>FOSTER RIDGE 1-27A (HSR)</u>	Well Number: <u>1-27A</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>27</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 07/29/2011 Date of First Production this formation: 07/31/2001
Perforations Top: 8185 Bottom: 8205 No. Holes: 60 Hole size: 0.35

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

SET SAND PLUG @ 7985-8200

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 SAND PLUG @ 7985-8200

Date formation Abandoned: 07/29/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8200 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/08/2011 Date of First Production this formation: 08/11/2011
Perforations Top: 7504 Bottom: 7760 No. Holes: 126 Hole size: 0.42

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

CDL PERF: 7744-7760 HOLES 64 SIZE .38 NB PERF: 7504-7609 HOLES 62 SIZE .42
Frac Codell down 4-1/2" Csg w/ 203,994 gal Slickwater w/ 148,780# 40/70, 4,000# SB Excel, 0# .
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 232,598 gal Slickwater w/ 202,240# 40/70, 4,000# SB Excel, 0# .

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/08/2011 Hours: 24 Bbls oil: 26 Mcf Gas: 169 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 26 Mcf Gas: 169 Bbls H2O: 0 GOR: 6500
Test Method: FLOWING Casing PSI: 950 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 47
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: CARA MAHLER

Attachment Check List

Att Doc Num	Name
400214321	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)