

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

5. API Number 05-123-19720-00  
6. County: WELD  
7. Well Name: HSR-RICHARDSON  
Well Number: 9-34A  
8. Location: QtrQtr: NESE Section: 34 Township: 3N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

### Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 09/21/2011Date of First Production this formation: 09/29/1999Perforations Top: 7805 Bottom: 7854 No. Holes: 88 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐SET SAND PLUG @ 7602-7812This 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 @ 7602-7812Date formation Abandoned: 09/21/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 7812 Sacks cement on top: \_\_\_\_\_FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 10/07/2011Date of First Production this formation: 10/14/2011Perforations Top: 7158 Bottom: 7854 No. Holes: 202 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐CDL PERF 7362-7380 HOLES 54 SIZE .38 NB PERF 7158-7234 HOLES 60 SIZE .38  
Frac Codell down 4-1/2" Csg w/ 204,708 gal Slickwater w/ 150,040# 40/70, 4,680# SuperLC.  
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 250,740 gal Slickwater w/ 201,100# 40/70, 4,140# SuperLC.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 382 Bbls H2O: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 382 Bbls H2O: 0 GOR: 0Test Method: FLOWING Casing PSI: 1700 Tubing PSI: \_\_\_\_\_ Choke Size: 10/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1232 API Gravity Oil: 44

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

Title: REGULATORY ANALYST 1

Date: \_\_\_\_\_

Email CARA.MAHLER@ANADARKO.COM

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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****User Group****Comment****Comment Date**

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Total: 0 comment(s)