

**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



DE ET OE ES

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: 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 05-123-19530-00 6. County: WELD  
7. Well Name: HSR-RICHARDSON Well Number: 1-25  
8. Location: QtrQtr: NENE Section: 25 Township: 3N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

**Completed Interval**FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/05/2012 Date of First Production this formation: 01/10/2012  
Perforations Top: 7028 Bottom: 7304 No. Holes: 108 Hole size: 0.38

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

NB REPERF(12/21/2011) 7040-7154 HOLES 66 SIZE .38  
Re-Frac Niobrara A & B down Casing w/ 250 gal 15% HCl & 226,945 gal Slickwater w/ 202,100# 40/70, 4,000# 20/40.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 01/24/2012 Hours: 24 Bbls oil: 7 Mcf Gas: 127 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 127 Bbls H2O: 0 GOR: 18143  
Test Method: FLOWING Casing PSI: 746 Tubing PSI: 415 Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1316 API Gravity Oil: 45  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7269 Tbg setting date: 01/18/2012 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 MAHLERTitle: 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**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)