

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 05-123-14312-00 6. County: WELD
7. Well Name: HSR-DEVLIN Well Number: 6-35
8. Location: QtrQtr: SENW Section: 35 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/05/2012</u>	Date of First Production this formation: <u>08/27/2001</u>
Perforations Top: <u>71440</u> Bottom: <u>7434</u>	No. Holes: <u>62</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Tri-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 193,368 gal Slickwater w/ 150,260# 40/70, 4,000# SB Excel.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>01/30/2012</u> Hours: <u>24</u> Bbls oil: <u>16</u> Mcf Gas: <u>78</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>16</u> Mcf Gas: <u>78</u> Bbls H2O: <u>0</u> GOR: <u>4875</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>586</u> Tubing PSI: <u>517</u> Choke Size: <u>28/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1204</u> API Gravity Oil: <u>56</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7389</u> Tbg setting date: <u>01/13/2012</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

Total: 0 comment(s)