

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

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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 05-123-14312-00
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: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/05/2012 Date of First Production this formation: 08/27/2001
Perforations Top: 71440 Bottom: 7434 No. Holes: 62 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
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.
This formation is commingled with another formation: Yes No
Test Information:
Date: 01/30/2012 Hours: 24 Bbls oil: 16 Mcf Gas: 78 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 78 Bbls H2O: 0 GOR: 4875
Test Method: FLOWING Casing PSI: 586 Tubing PSI: 517 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1204 API Gravity Oil: 56
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7389 Tbg setting date: 01/13/2012 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 MAHLER
Title: 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)