

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:

400245156

Date Received:

01/25/2012

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: WATTENBERG Field Code: 90750

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 MAHLER
Title: REGULATORY ANALYST 1 Date: 1/25/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400245156	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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