

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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Date Received:

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: Cindy Vue

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6832

3. Address: P O BOX 173779

Fax: (720) 929-7832

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-19558-00

6. County: WELD

7. Well Name: HSR-ROLAND

Well Number: 11-28A

8. Location: QtrQtr: NESW Section: 28 Township: 2N

Range: 65W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 03/12/2012Date of First Production this formation: 03/20/2012Perforations Top: 6998 Bottom: 7719 No. Holes: 245 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 6998-7098 HOLES 71 SIZE 0.42
CD PERF 7226-7240 HOLES 66 SIZE 0.38
J S PERF 7678-7719 HOLES 108 SIZE 0.38

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 03/22/2012 Hours: 24 Bbls oil: 1 Mcf Gas: 8 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 8 Bbls H2O: 0 GOR: 8000Test Method: FLOWING Casing PSI: 1059 Tubing PSI: 165 Choke Size: 0Gas Disposition: SOLD Gas Type: WET BTU Gas: 1171 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 7658 Tbg setting date: 03/13/2012 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: _____

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 03/12/2012Date of First Production this formation: 04/09/1998Perforations Top: 7678 Bottom: 7719 No. Holes: 108 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

J S PERF 7678-7719 HOLES 108 SIZE 0.38
REMOVED SAND PLUG OVER J SAND TO COMMINGLE NIOBRARA, CODELL AND J SAND PRODUCTION ON 3/20/12.

This 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:

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: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email Cindy.Vue@anadarko.com

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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)