

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:

400274978

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 05-123-20450-00 6. County: WELD
7. Well Name: HSR-MILLER Well Number: 11-5A
8. Location: QtrQtr: NESW Section: 5 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/15/2012 Date of First Production this formation: 12/21/2002
Perforations Top: 7706 Bottom: 7728 No. Holes: 61 Hole size: 0.38

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

CD PERF 7706-7728 HOLES 61 SIZE 0.38
Refrac CODL down 4.5" casing w/ 209,454 gal slickwater w/ 152,700# 40/70, 4,440# SB Excel.
Broke @ 3,944 psi @ 19.5 bpm. ATP=4,259 psi; MTP=4,625 psi; ATR=56.1 bpm; ISDP=2,763 psi
RWTP 3/22/2012 AFTER REFRAC

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/15/2012 Date of First Production this formation: 12/21/2002

Perforations Top: 7483 Bottom: 7728 No. Holes: 130 Hole size: 0.38

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

NB PERF 7483-7584 HOLES 69 SIZE 0.47
CD PERF 7706-7728 HOLES 61 SIZE 0.38
RWTP 3/22/2012 AFTER REFRAC

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/14/2012 Hours: 24 Bbls oil: 3 Mcf Gas: 8 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 8 Bbls H2O: 0 GOR: 2667

Test Method: FLOWING Casing PSI: 838 Tubing PSI: 180 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1237 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7691 Tbg setting date: 03/27/2012 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: NIOBRARA Status: COMMINGLED

Treatment Date: 03/15/2012 Date of First Production this formation: 12/21/2002

Perforations Top: 7483 Bottom: 7584 No. Holes: 69 Hole size: 0.47

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

NB PERF 7483-7584 HOLES 69 SIZE 0.47
Refrac NBRR down 4.5" casing w/ 25 gal 15% HCl & 231,899 gal slickwater w/ 199,920# 40/70, 4,160# 20/40.
Broke @ 2,551 psi @ 3.6 bpm. ATP=4,462 psi; MTP=4,733 psi; ATR=60.6 bpm; ISDP=3,105 psi
RWTP 3/22/2012 AFTER REFRAC

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

:

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)