

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:
400274514

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: <u>47120</u>	4. Contact Name: <u>JOEL MALEFYT</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6828</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7828</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-21021-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HSR-DAVIS STATE</u>	Well Number: <u>9-16A</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>16</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 03/15/2012Date of First Production this formation: 03/21/2012Perforations Top: 6815 Bottom: 7558 No. Holes: 174 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole:

PERF NBRR 6815-6957 HOLES 60 SIZE .42
PERF CODL 7074-7090 HOLES 32 SIZE .4
PERF JSND 7507-7558 HOLES 82 SIZE .38

This formation is commingled with another formation: Yes No**Test Information:**Date: 03/22/2012 Hours: 24 Bbls oil: 1 Mcf Gas: 36 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 36 Bbls H2O: 0 GOR: 36000Test Method: FLOWING Casing PSI: 770 Tubing PSI: 755 Choke Size: 0Gas Disposition: SOLD Gas Type: WET BTU Gas: 1223 API Gravity Oil: 54Tubing Size: 2 + 3/8 Tubing Setting Depth: 7470 Tbg setting date: 03/16/2012 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: 03/15/2012Date of First Production this formation: 09/10/2002Perforations Top: 7507 Bottom: 7558 No. Holes: 82 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole:

PERF JSND 7507-7558 HOLES 82 SIZE .38
3/15/2012 -DRILLED OUT SAND PLUG ON TO COMMINGLE JSND WITH NBRR-CODL
3/21/2012 -J-NIOBRARA-CODELL COMMINGLED

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: JOEL MALEFYT _____

Title: REGULATORY ANALYST _____

Date: _____

Email: JOEL.MALEFYT@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)