

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

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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
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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-19508-00
6. County: WELD
7. Well Name: HSR-MOSER
Well Number: 1-27
8. Location: QtrQtr: NENE Section: 27 Township: 3N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/11/2012 Date of First Production this formation: 02/12/1998

Perforations Top: 7126 Bottom: 7140 No. Holes: 56 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: [ ]

Frac CODL down 4.5" casing w/ 205,506 gal slickwater w/ 150,550# 40/70, 4,000# SB Excel. Broke @ 4,160 psi @ 12.5 bpm. ATP=5,030 psi; MTP=5,470 psi; ATR=52.4 bpm; ISDP=3,690 psi

This formation is commingled with another formation: [X] 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: 03/11/2012 Date of First Production this formation: 04/04/2012

Perforations Top: 6890 Bottom: 7140 No. Holes: 122 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NB PERF 6890-7048 HOLES 66 SIZE 0.42  
CD PERF 7126-7140 HOLES 56 SIZE 0.38

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 04/10/2012 Hours: 24 Bbls oil: 60 Mcf Gas: 410 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 60 Mcf Gas: 410 Bbls H2O: 0 GOR: 6833

Test Method: FLOWING Casing PSI: 1700 Tubing PSI: 1700 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1272 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7107 Tbg setting date: 04/19/2012 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: 03/11/2012 Date of First Production this formation: 02/12/1998

Perforations Top: 6890 Bottom: 7048 No. Holes: 66 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Refrac NBRR down 4.5" casing w/ 252 gal 15% HCl & 246,078 gal slickwater w/ 202,100# 40/70, 4,000# SB Excel.  
Break not observed. ATP=4,968 psi; MTP=5,158 psi; ATR=52.9 bpm; ISDP=3,649 psi

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**

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

Total: 0 comment(s)