

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



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Document Number:
400283497

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>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-10407-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HUNTER</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>27</u> Township: <u>5N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/03/2012 Date of First Production this formation: 01/26/1984

Perforations Top: 6784 Bottom: 6796 No. Holes: 76 Hole size: 0.38

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

CD PERF 6784-6796 HOLES 76 SIZE 0.38
4/3/12 -Refrac NB-CD down 2.875" tbg w/ pkr ^ ni w/ 273,084 gal slickwater w/ 207,500# 40/70, 4,000# SB Excel. Broke @ 2,920 psi @ 9 bpm. ATP=6,267 psi; MTP=6,794 psi; ATR=25.6 bpm; ISDP=2,497 psi
4/24/12 -RETURN WELL TO PRODUCTION AFTER CODELL 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: 04/03/2012 Date of First Production this formation: 01/19/1995

Perforations Top: 6504 Bottom: 6796 No. Holes: 160 Hole size: 0.38

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

NB PERF 6504-6620 HOLES 84 SIZE 0.38
CD PERF 6784-6796 HOLES 76 SIZE 0.38
4/3/2012 -CODELL REFRAC
4/24/2012 -RWTP UP TBG AFTER CD RF

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/01/2012 Hours: 24 Bbls oil: 4 Mcf Gas: 15 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 4 Mcf Gas: 15 Bbls H2O: 0 GOR: 3750

Test Method: FLOWING Casing PSI: 992 Tubing PSI: 889 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1211 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6773 Tbg setting date: 04/05/2012 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: 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

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

Total: 0 comment(s)