

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: 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 05-123-10407-00

6. County: WELD

7. Well Name: HUNTER

Well Number: 1

8. Location: QtrQtr: SENE Section: 27 Township: 5N

Range: 64W Meridian: 6

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**

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

Total: 0 comment(s)