

FORM
5A

Rev
06/12

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:

400309462

Date Received:

07/25/2012

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: Eric Jansen
Phone: (720) 929-6412
Fax: (720) 929-7412
Email: eric.jansen@anadarko.com

5. API Number 05-123-19841-00
6. County: WELD
7. Well Name: HSR-PARKER
Well Number: 13-15A
8. Location: QtrQtr: SWSW Section: 15 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 07/13/2012
Perforations Top: 7392 Bottom: 8088 No. Holes: 201 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

5/25/2012 Cleared out sand plug over JS to commingle well

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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/21/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 11 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 11 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 796 Tubing PSI: 792 Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1272 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8126 Tbg setting date: 07/06/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/08/2000
Perforations Top: 8062 Bottom: 8088 No. Holes: 78 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

JS PERF 8062-8088 SHOTS 78 SIZE N/A
5/25/2012 Cleared out sand plug over JS to commingle well

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Eric Jansen
Title: Regulatory Specialist Date: 7/25/2012 Email: eric.jansen@anadarko.com

Attachment Check List

Att Doc Num **Name**

400309462 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Niobrara top received and entered. Ready to pass.	2/22/2013 8:02:32 AM
Permit	Sent second request for top of Niobrara.	11/21/2012 2:56:12 PM
Permit	On hold pending submission of Niobrara top. Perfs are in the Ft Hays.	10/16/2012 3:34:23 PM

Total: 3 comment(s)