

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:

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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	4. Contact Name: CANDICE BARBER
2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP	Phone: (970) 515-1671
3. Address: P O BOX 173779	Fax:
City: DENVER State: CO Zip: 80217-	Email: CANDICE.BARBER@ANADARKO.COM

5. API Number 05-123-20460-00	6. County: WELD
7. Well Name: HSR INOUYE	Well Number: 12-31
8. Location: QtrQtr: NWSW Section: 31 Township: 2N Range: 66W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

### Completed Interval

FORMATION: <u>SUSSEX</u>	Status: <u>TEMPORARILY ABANDONED</u>	Treatment Type: _____		
Treatment Date: _____	End Date: _____	Date of First Production this formation: <u>05/05/2008</u>		
Perforations	Top: <u>4632</u>	Bottom: <u>4664</u>	No. Holes: <u>64</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>		
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
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: **THE ASSOCIATED TANK BATTERY HAS BEEN ABANDONED AS PER THE FLOODPLAIN COMPLIANCE AGREEMENT BETWEEN COGCC AND KERR-MCGEE. THE WELL WILL BE PLUGGED AND ABANDONED PRIOR TO 3/31/2018.**

Date formation Abandoned: 09/15/2017 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: CANDICE BARBER  
Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: RSCDJPOSTDRILL@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
Total Attach: 0 Files	

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)