

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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: 80217-37

5. API Number 05-123-19942-00 6. County: WELD
7. Well Name: HSR-HLADKY Well Number: 11-21A
8. Location: QtrQtr: NESW Section: 21 Township: 2N Range: 66W Meridian: 6

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED

Treatment Date: 11/23/2000 Date of First Production this formation: 04/19/2000
Perforations Top: 8074 Bottom: 8096 No. Holes: 60 Hole size: 0.35

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

Set CIBP @ 8025' w/ 2 sacks of cement for mechanical integrity.

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:

DKTA temporarily abandoned for JSND recomple.

Date formation Abandoned: 11/23/2000 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8025 Sacks cement on top: 2

FORMATION: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>07/28/2010</u>		Date of First Production this formation: <u>12/06/2000</u>	
Perforations	Top: <u>7906</u>	Bottom: <u>7932</u>	No. Holes: <u>78</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Set sand plug @ 7780'.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			
JSND temporarily abandoned for NB-CD recomplete.			
Date formation Abandoned: <u>07/28/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7780</u>		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/05/2010</u>		Date of First Production this formation: <u>08/12/2010</u>	
Perforations	Top: <u>7220</u>	Bottom: <u>7460</u>	No. Holes: <u>118</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NBRR Perf 7220-7296 Holes 62 Size 0.47 CODL Perf 7446-7460 Holes 56 Size 0.38 Frac NBRR w/ 250 gal 15% HCl & 244,694 gal SW & 200,300# 40/70 sand & 4,140# SB Excel. Frac CODL w/ 197,064 gal SW & 150,020# 40/70 sand & 4,140# SB Excel.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>08/27/2010</u>	Hours: <u>24</u>	Bbls oil: <u>79</u>	Mcf Gas: <u>174</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>79</u>	Mcf Gas: <u>174</u> Bbls H2O: <u>0</u> GOR: <u>2203</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>240</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1248</u>	API Gravity Oil: <u>47</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____