

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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COMPLETED INTERVAL REPORT

Document Number:

400094747

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 05-123-15386-00 6. County: WELD  
7. Well Name: HSR-PECK Well Number: 6-20  
8. Location: QtrQtr: SENW Section: 20 Township: 4N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/11/2008 Date of First Production this formation: 01/26/2009  
Perforations Top: 6904 Bottom: 7218 No. Holes: 114 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NBRR Perf 6904-7094 Holes 20 Size 0.38 CODL Perf 7202-7218 Holes 94 Size 0.38  
Reperf CODL 7202-7217 Holes 30 Size 0.38.  
Trifrac CODL w/ 122,000 gal Super Z LpH & 270,000# 20/40 sand & 4,000# 20/40 Resin Tail.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 03/09/2009 Hours: 24 Bbls oil: 9 Mcf Gas: 228 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 228 Bbls H2O: 0 GOR: 25333  
Test Method: FLOWING Casing PSI: 426 Tubing PSI: 369 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1247 API Gravity Oil: 64  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7179 Tbg setting date: 01/20/2009 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: SUSSEX Status: ABANDONED COMPLETION

Treatment Date: 12/04/2008 Date of First Production this formation: 11/21/1995

Perforations Top: 4463 Bottom: 4468 No. Holes: 18 Hole size: 0.38

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

Squeeze SUSX w/ 150 sacks Class G Cement w/ 2% CaCl.

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:

SUSX abandoned for CODL trfrac and due to low reserves.

Date formation Abandoned: 12/04/2008 Squeeze:  Yes  No If yes, number of sacks cmt 150

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment:

This Form 5A serves to update the producing formations. A cement squeeze was performed on the Sussex formation in 2008 and was incorrectly reported as producing. Please use this Form 5A as the accurate form.

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: \_\_\_\_\_