

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 05-123-15656-00 6. County: WELD
7. Well Name: HSR-WILLENBORG Well Number: 10-21
8. Location: QtrQtr: NWSE Section: 21 Township: 4N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>06/23/2010</u>	Date of First Production this formation: <u>05/13/2008</u>
Perforations Top: <u>6952</u> Bottom: <u>7262</u>	No. Holes: <u>73</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NBRR Perf 6952-7136 Holes 20 CODL Perf 7246-7262 Holes 53 Size 0.42 Set CIBP @ 4650' w/ 2 sacks of sand for mechanical integrity.	
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:	
NB-CD temporarily abandoned for SUSX recomple.	
Date formation Abandoned: <u>06/23/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>4650</u>	Sacks cement on top: _____

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 07/09/2010 Date of First Production this formation: 08/03/2010

Perforations Top: 4544 Bottom: 4578 No. Holes: 68 Hole size: 0.38

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

Frac SUSX w/ 21,000 gal ThermoStar N2 & 180,520# 16/30 sand & 20,000# SuperLC.

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

Test Information:

Date: 08/10/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 43 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 43 Bbls H2O: 0 GOR: 43000

Test Method: FLOWING Casing PSI: 729 Tubing PSI: 484 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1216 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4515 Tbg setting date: 07/15/2010 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:

Form 5 Drilling Completion Report submitted 6/30/2010 reflects cement squeeze performed 6/24/2010. Paper copy of CBL run 6/25/2010 will be mailed today.

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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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: _____