

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:

2555560

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 05-123-30838-00 6. County: WELD
7. Well Name: HUNT Well Number: 35-4
8. Location: QtrQtr: SWSW Section: 4 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/16/2010</u>	Date of First Production this formation: <u>05/13/2010</u>
Perforations Top: <u>7952</u> Bottom: <u>7978</u>	No. Holes: <u>60</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>FRAC W/160,350 GAL SW W/115,620# 40/70 & 4,000# 20/40 RENEWABLE FIBER.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/01/2010</u> Hours: <u>24</u> Bbls oil: <u>33</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>33</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>2850</u> Tubing PSI: _____ Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1285</u> API Gravity Oil: <u>64</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: _____	

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 04/16/2010

Date of First Production this formation: 05/13/2010

Perforations Top: 7206 Bottom: 7498 No. Holes: 0 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 7206-7370 HOLES 52 SIZE 0.42 CD PERF 7483-7498 HOLES 60 SIZE 0.38 FRAC NB W/500 GAL 15% HCL & 246,373 GAL SW W/200,250# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/211,075 GAL SW W/150,000# 40/70 & 4,000# 20/40 SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 06/01/2010 Hours: 24 Bbls oil: 33 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 33 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 2850 Tubing PSI: Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 64

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:

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: 6/9/2010 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: David G. Neslin Director of COGCC Date: 10/12/2010**Attachment Check List**

Att Doc Num	Name	Doc Description
2555560	FORM 5A SUBMITTED	LF@2506066 2555560

Total Attach: 1 Files