

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2554631

**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) 9296832  
3. Address: P O BOX 173779 Fax: (720) 9297832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-19790-00 6. County: WELD  
7. Well Name: HSR AMELIA & ELIZABETH FE Well Number: 4-5  
8. Location: QtrQtr: SWSW Section: 5 Township: 1N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED

Treatment Date: 02/28/2000 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 8971 Bottom: 9033 No. Holes: 64 Hole size: 38/100

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

DKTA PERFD 02/10/2000 BUT NEVER FRACD AND THEREFORE NEVER PRODUCED.

CIBP SET @ 8931.

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: \_\_\_\_\_

Date formation Abandoned: 02/28/2000 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 8931 Sacks cement on top: \_\_\_\_\_

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/16/2008 Date of First Production this formation: 03/08/2000

Perforations Top: 8783 Bottom: 8826 No. Holes: 108 Hole size: 38/100

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

DRILL OUT SAND PLUG @ 8660 TO COMMINGLE JSND W/ NB-CD. J/NB-CD RETURNED TO PRODUCTION 09/23/2008.

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

**Test Information:**

Date: 11/16/2008 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 8 Mcf Gas: 90 Bbls H2O: 0 GOR: 11250

Test Method: FLOWING Casing PSI: 685 Tubing PSI: 121 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8742 Tbg setting date: 09/22/2008 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/22/2008 Date of First Production this formation: 07/31/2010

Perforations Top: 8024 Bottom: 8300 No. Holes: 120 Hole size: 38/100

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

NBRR PERF 8024-8114 HOLES 60 SIZE 0.42. CODL PERF 8280-8300 HOLES 60 SIZE 0.38. NO ADDITIONAL TREATMENT.

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

**Test Information:**

Date: 11/16/2008 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 8 Mcf Gas: 90 Bbls H2O: 0 GOR: 11250

Test Method: FLOWING Casing PSI: 685 Tubing PSI: 121 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8742 Tbg setting date: 09/22/2008 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: REG ANALYST II Date: 5/19/2010 Email CINDY.VUE@ANADARKOC.OM

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 S. Neslin Director of COGCC Date: 11/18/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2554631	FORM 5A SUBMITTED	LF@2500979 2554631

Total Attach: 1 Files