

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:

2554641

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 05-123-24520-00 6. County: WELD
7. Well Name: HUNTRESS Well Number: 7-25
8. Location: QtrQtr: SWNE Section: 25 Township: 2N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 04/10/2010 Date of First Production this formation: 11/19/2007

Perforations Top: 7658 Bottom: 7680 No. Holes: 66 Hole size: 38/100

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

SET RBP @ 7580 W/ 2 SKS OF CEMENT FOR MECHANICAL INTEGRITY. OUR INTENT IS TO REMOVE THE RBP AND SAND TO COMMINGLE THE WELL IN THE NEXT SIX MONTHS.

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:

CODL TEMPORARILY ABANDONED FOR NBRR RECOMPLETE.

Date formation Abandoned: 04/10/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7580 Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 04/19/2010 Date of First Production this formation: 04/26/2010

Perforations Top: 7371 Bottom: 7542 No. Holes: 72 Hole size: 41/100

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

FRAC NBRR WITH 500 GAL 15% HCL AND 245007 GAL SW AND 200560# 40/70 SAND AND 4200# 20/40 SB EXCEL.

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

Test Information:

Date: 05/17/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 10 Bbls H2O: 0 GOR: 10000

Test Method: FLOWING Casing PSI: 700 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1357 API Gravity Oil: 49

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: 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
2554641	FORM 5A SUBMITTED

Total Attach: 1 Files