

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:

2554653

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 05-123-19614-00 6. County: WELD
7. Well Name: HSR-STREAR STATE Well Number: 16-16A
8. Location: QtrQtr: SESE Section: 16 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>04/21/2010</u>	Date of First Production this formation: <u>04/27/2010</u>
Perforations Top: <u>7078</u> Bottom: <u>7098</u>	No. Holes: <u>70</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
REPERF CODL 7078-7098 HOLES 60 SIZE 0.38. REFRAC CODL W/200,760 GAL SW & 150,120# 40/70 SAND & 4,000# 20/40 SB EXCEL.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: _____	
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: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>04/07/2010</u>		Date of First Production this formation: <u>06/03/1998</u>	
Perforations	Top: <u>7502</u> Bottom: <u>7540</u>	No. Holes: <u>62</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
SET SAND PLUG @7280'. OUR INTENT IS TO REMOVE THE SAND PLUG TO COMMINGLE WELL WITHIN THE NEXT SIX MONTHS.			
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:			
JSND TEMPORARILY ABANDONED FOR NB-CD REFRAC.			
Date formation Abandoned: <u>04/07/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7280</u>		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/21/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6824</u> Bottom: <u>7098</u>	No. Holes: <u>140</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NBRR PERF 6824-3946 HOLES 70 SIZE 0.42 CODL PERF 7078-7098 HOLES 70 SIZE 0.38			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>05/17/2010</u>	Hours: <u>24</u>	Bbls oil: <u>84</u>	Mcf Gas: <u>110</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate: _____		Bbls oil: <u>84</u>	Mcf Gas: <u>110</u> Bbls H2O: <u>0</u> GOR: <u>1310</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1</u>	Tubing PSI: _____	Choke Size: <u>10/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1204</u>	API Gravity Oil: <u>50</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 Status: COMMINGLED

Treatment Date: 04/21/2010 Date of First Production this formation: 04/27/2010

Perforations Top: 6824 Bottom: 6946 No. Holes: 70 Hole size: 42/100

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

REPERF NBRR 6824-6946 HOLES 60 SIZE 0.42. REFRAC NBRR W/500 GAL 15% HCL&243,852 GAL SW & 201,080# 40/70 SAND & 4,000# SB EXCEL.

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: _____ 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: 5/20/2010 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: 11/18/2010

Attachment Check List

Att Doc Num	Name
2554653	FORM 5A SUBMITTED

Total Attach: 1 Files