

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

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.

Document Number:

2555252

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 05-123-19166-00 6. County: WELD
7. Well Name: HSR-EGGLER Well Number: 11-29
8. Location: QtrQtr: NESW Section: 29 Township: 3N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/28/2010 Date of First Production this formation: 05/12/2010

Perforations Top: 6958 Bottom: 7252 No. Holes: 120 Hole size: 28/100

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

NBRR PERF 6958-7096 HOLES 70 SIZE 0.28; CODL PERF 7242-7252 HOLES 50 SIZE 0.36. REPERF NBRR 6958-7096 HOLES 66 SIZE 0.28; REFRAC NBRR W/504 GAL 15% HC1 & 231,802 GAL SW & 200,250# 40/70 SAND & 4,000# 20/40 SB EXCEL.

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

Test Information:

Date: 05/24/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 247 Bbls H2O: 0 GOR: 6175

Test Method: FLOWING Casing PSI: 450 Tubing PSI: 350 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1292 API Gravity Oil: 58

Tubing Size: 2 + 5/8 Tubing Setting Depth: 7202 Tbg setting date: 05/06/2010 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: _____

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 Date: 5/26/2010 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 S. Neslin

Director of COGCC

Date: 11/19/2010

Attachment Check List

Att Doc Num	Name
2555252	FORM 5A SUBMITTED

Total Attach: 1 Files