

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:

2556475

**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) 9296836  
3. Address: P O BOX 173779 Fax: (720) 9297832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-14352-00 6. County: WELD  
7. Well Name: HSR-TERRY Well Number: 8-26A  
8. Location: QtrQtr: SENE Section: 26 Township: 3N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

|   |   |
|---|---|
| FORMATION: <u>CODELL</u>  | Status: <u>COMMINGLED</u>   |
| Treatment Date: <u>06/01/2010</u>   | Date of First Production this formation: <u>06/11/2010</u>              |
| Perforations Top: <u>7440</u> Bottom: <u>7460</u>   | No. Holes: <u>71</u> Hole size: <u>38/100</u>                           |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>                                     |
| <u>REPERF CODL 7440-7458 HOLES 54 SIZE 0.38. REFRAC CODL W/ 204742 GAL SW AND 150640# 40/70 SAND AND 4000# 20/40 SB EXCEL.</u>      |   |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            |   |
| <b>Test Information:</b>  |   |
| 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>05/25/2010</u>                    |                                      | Date of First Production this formation: <u>07/11/2002</u>          |   |
| Perforations   | Top: <u>7918</u> Bottom: <u>7964</u> | No. Holes: <u>64</u>  | Hole size: <u>21/100</u>                  |
| Provide a brief summary of the formation treatment:  |                                      | Open Hole: <input type="checkbox"/>                                 |   |
| <u>SET SAND PLUG @ 7700.</u>                         |                                      |   |   |
| This formation is commingled with another formation: |                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Test Information:</b>                             |                                      |   |   |
| 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:                           |                                      |   |   |
| <u>JSND TEMPORARILY ABANDONED FOR NB-CD REFRAC.</u>  |                                      |   |   |
| Date formation Abandoned: <u>05/25/2010</u>          |                                      | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, number of sacks cmt _____         |
| Bridge Plug Depth: <u>7700</u>                       |                                      | Sacks cement on top: _____  |   |

|  |                                      |   |  |
|--|--------------------------------------|---|--|
| FORMATION: <u>NIOBRARA-CODELL</u>  |                                      | Status: <u>PRODUCING</u>  |  |
| Treatment Date: <u>06/01/2010</u>  |                                      | Date of First Production this formation: <u>06/11/2010</u>          |  |
| Perforations   | Top: <u>7194</u> Bottom: <u>7460</u> | No. Holes: <u>147</u>   | Hole size: <u>38/100</u>                                 |
| Provide a brief summary of the formation treatment:                                    |                                      | Open Hole: <input type="checkbox"/>                                 |  |
| <u>NBRR PERF 7194-7310 HOLES 73 SIZE 0.42. CODL PERF 7440-7460 HOLES 71 SIZE 0.38.</u> |                                      |   |  |
| This formation is commingled with another formation:                                   |                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>Test Information:</b>   |                                      |   |  |
| Date: <u>06/15/2010</u>  | Hours: _____                         | Bbls oil: _____   | Mcf Gas: _____ Bbls H2O: _____                           |
| Calculated 24 hour rate: _____   |                                      | Bbls oil: <u>17</u>   | Mcf Gas: <u>351</u> Bbls H2O: <u>0</u> GOR: <u>20647</u> |
| Test Method: <u>FLOWING</u>  | Casing PSI: <u>1600</u>              | Tubing PSI: _____   | Choke Size: <u>16/64</u>                                 |
| Gas Disposition: <u>SOLD</u>   | Gas Type: <u>WET</u>                 | BTU Gas: <u>1266</u>  | API Gravity Oil: <u>55</u>                               |
| Tubing Size: _____   | Tubing Setting Depth: _____          | Tbg setting date: _____   | Packer Depth: _____                                      |
| Reason for Non-Production:   |                                      |   |  |
| <u></u>  |                                      |   |  |
| 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: 06/01/2010 Date of First Production this formation: 06/11/2010

Perforations Top: 7194 Bottom: 7310 No. Holes: 76 Hole size: 42/100

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

REPERF NBRR 7194-7310 HOLES 60 SIZE 0.42. REFRAC NBRR W/ 500 GAL 15% HCL AND 248765 GAL SW AND 200580# 40/70 SAND AND 4000# 20/40 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: 6/28/2010 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: 11/24/2010

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 2556475     | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)