

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:

2556483

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 05-123-20512-00 6. County: WELD
7. Well Name: HSR-PARKER Well Number: 12-15A
8. Location: QtrQtr: NWSW Section: 15 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 05/07/2010 Date of First Production this formation: 07/30/2002

Perforations Top: 8046 Bottom: 8090 No. Holes: 76 Hole size: 35/100

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

SET SAND PLUG @ 7806.

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:

JSND TEMPORARILY ABANDONED FOR NB-CD RECOMPLETE.

Date formation Abandoned: 05/07/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7806 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 05/17/2010

Date of First Production this formation: 06/10/2010

Perforations Top: 7394 Bottom: 7614 No. Holes: 100 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

NBRR PERF 7394-7486 HOLES 52 SIZE 0.41. CODL PERF 7602-7614 HOLES 48 SIZE 0.38. FRAC NBRR W/ 504 GAL 15% HCL AND 168378 GAL SUPER Z LPH AND 250580# 20/40 SAND AND 4000# SB EXCEL. FRAC CODL W/ 170142 GAL SW AND 115140# 40/70 SAND AND 4000# SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 06/24/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 78 Mcf Gas: 90 Bbls H2O: 0 GOR: 1154

Test Method: FLOWING Casing PSI: 1653 Tubing PSI: 650 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1284 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7580 Tbg setting date: 05/25/2010 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 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
2556483	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)