

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:

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**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 05-123-19838-00 6. County: WELD  
7. Well Name: HSR WILLARD Well Number: 15-9A  
8. Location: QtrQtr: SWSE Section: 9 Township: 2N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>05/06/2010</u>		Date of First Production this formation: <u>05/12/2010</u>		
Perforations	Top: <u>7906</u>	Bottom: <u>7938</u>	No. Holes: <u>64</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>REMOVE SAND PLUG SET @ 7628 TO COMMINGLE JSND W/B-CD.</u>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>05/30/2010</u>	Hours: <u>      </u>	Bbls oil: <u>      </u>	Mcf Gas: <u>      </u>	Bbls H2O: <u>      </u>
Calculated 24 hour rate:		Bbls oil: <u>4</u>	Mcf Gas: <u>97</u>	Bbls H2O: <u>0</u> GOR: <u>24250</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>460</u>	Tubing PSI: <u>418</u>	Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1329</u>	API Gravity Oil: <u>51</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7880</u>	Tbg setting date: <u>05/07/2010</u>	Packer Depth: <u>      </u>	
Reason for Non-Production: <u>      </u>				
Date formation Abandoned: <u>      </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>      </u>				
Bridge Plug Depth: <u>      </u> Sacks cement on top: <u>      </u>				

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/06/2010 Date of First Production this formation: 04/08/2008

Perforations Top: 7220 Bottom: 7460 No. Holes: 120 Hole size: 42/100

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

NBRR PERF 7220-7318 HOLES 60 SIZE 0.42. CODL PERF 7445-7460 HOLES 60 SIZE 0.42. NO ADDITIONAL TREATMENT.

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

**Test Information:**

Date: 05/30/2010 Hours:        Bbls oil:        Mcf Gas:        Bbls H2O:       

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 113 Bbls H2O: 0 GOR: 37667

Test Method: FLOWING Casing PSI: 460 Tubing PSI: 418 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1329 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7880 Tbg setting date: 05/07/2010 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: 7/1/2010 Email CINDY.VUE@ANADARKO.COM

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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: 11/30/2010

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

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