

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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COMPLETED INTERVAL REPORT

Document Number:
2505019

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: CINDY VUE
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-16863-00
6. County: WELD
7. Well Name: HSR-PEASLEE
Well Number: 11-1
8. Location: QtrQtr: NESW Section: 1 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/01/2010 Date of First Production this formation: 06/24/2010

Perforations Top: 7356 Bottom: 7371 No. Holes: 63 Hole size: 38/100

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

REMOVE RBP SET @ 7300' TO COMMINGLE CODL W/NBRR.

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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 06/01/2010 Date of First Production this formation: 06/24/2010

Perforations Top: 7816 Bottom: 7876 No. Holes: 23 Hole size: 38/100

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

REMOVE RBP SET @ 7300' TO COMMINGLE JSND W/NB-CD.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/05/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 1 Mcf Gas: 82 Bbls H2O: 0 GOR: 82000

Test Method: FLOWING Casing PSI: 611 Tubing PSI: 288 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7787 Tbg setting date: 06/14/2010 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/01/2010 Date of First Production this formation: 06/24/2010

Perforations Top: 7072 Bottom: 7371 No. Holes: 111 Hole size: 38/100

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

NBRR PERF 7072-7240 HOLES 48 SIZE 0.38. CODL PERFF 7356-7371 HOLES 63 SIZE 0.38.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/05/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: FLOWING Casing PSI: 611 Tubing PSI: 288 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7787 Tbg setting date: 06/14/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 06/24/2010 Date of First Production this formation: 04/22/2010
Perforations Top: 7072 Bottom: 7240 No. Holes: 48 Hole size: 38/100

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

NO ADDITIONAL TREATMENT.

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 Date: 7/13/2019 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: 12/2/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)