

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:

400106773

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) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-19159-00 6. County: WELD
 7. Well Name: HSR-BOOTH Well Number: 8-2
 8. Location: QtrQtr: SENE Section: 2 Township: 3N Range: 64W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 10/06/2010 Date of First Production this formation: 11/01/2010
 Perforations Top: 6564 Bottom: 6852 No. Holes: 87 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
 NBRR Perf 6564-6718 Holes 45 Size 0.38 CODL Perf 6836-6852 Holes 42 Size 0.38
 Reperf NBRR 6564-6718 Holes 40 Size 0.38
 Refrac NBRR w/ 250 gal 15% HCl & 169,835 gal Super Z LpH Hybrid & 251,440# 20/40 sand & 4,000# SB Excel.
 Reperf CODL 6836-6852 Holes 32 Size 0.38.
 Refrac CODL w/ 121,446 gal Super Z LpH & 157,800# 20/40 sand & 103,920# 20/40 & 4,000# SB Excel.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/04/2010 Hours: 24 Bbls oil: 6 Mcf Gas: 27 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 6 Mcf Gas: 27 Bbls H2O: 0 GOR: 4500
 Test Method: FLOWING Casing PSI: 977 Tubing PSI: 180 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 59
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6807 Tbg setting date: 10/15/2010 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: SUSSEX Status: TEMPORARILY ABANDONED

Treatment Date: 09/23/2010 Date of First Production this formation: 06/10/1996

Perforations Top: 4296 Bottom: 4368 No. Holes: 20 Hole size: 0.31

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

Pumped 7 sacks MagnaFiber into SUSX perms.

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: _____

SUSX temporarily abandoned for NB-CD refrac.

Date formation Abandoned: 09/23/2010 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: _____ 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: _____ Director of COGCC Date: _____

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)