

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:

400106773

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) 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: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/06/2010</u>	Date of First Production this formation: <u>11/01/2010</u>
Perforations Top: <u>6564</u> Bottom: <u>6852</u>	No. Holes: <u>87</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>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.</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/04/2010</u> Hours: <u>24</u> Bbls oil: <u>6</u> Mcf Gas: <u>27</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>6</u> Mcf Gas: <u>27</u> Bbls H2O: <u>0</u> GOR: <u>4500</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>977</u> Tubing PSI: <u>180</u> Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1285</u> API Gravity Oil: <u>59</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6807</u> Tbg setting date: <u>10/15/2010</u> Packer Depth: _____	
Reason for Non-Production: <div></div>	
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: 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

User Group	Comment	Comment Date

Total: 0 comment(s)