

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:

400114723

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: Kenny Trueax
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
 3. Address: P O BOX 173779 Fax: (720) 929-7383
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-17572-00 6. County: WELD
 7. Well Name: HERMAN Well Number: 32-9K
 8. Location: QtrQtr: NESE Section: 32 Township: 3N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 11/10/2010 Date of First Production this formation: 12/27/1993
 Perforations Top: 7358 Bottom: 7368 No. Holes: 20 Hole size: 0.34
 Provide a brief summary of the formation treatment: _____ Open Hole:

 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: TEMPORARILY ABANDONED

Treatment Date: 11/10/2010 Date of First Production this formation: 03/21/2000

Perforations Top: 7798 Bottom: 7834 No. Holes: 57 Hole size: 0.2

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

Spot 2400# sand at 7402

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: _____

TA for Niobrara recomplete

Date formation Abandoned: 11/10/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/04/2010 Date of First Production this formation: 11/17/2010

Perforations Top: 7092 Bottom: 7368 No. Holes: 66 Hole size: 0.38

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

NB Perfs: 7092-7216 Holes: 46 Size: .38
Frac NB w/750 gal 15% HCl, 61,258 gal SW pad and 103,425 gal gel w/ 250,320# 20/40 sand & 4000# 24/40 SB Excel
CD: No additional treatment

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/04/2010 Hours: 24 Bbls oil: 22 Mcf Gas: 218 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 22 Mcf Gas: 218 Bbls H2O: 0 GOR: 9909

Test Method: Flowing Casing PSI: 523 Tubing PSI: 322 Choke Size: 32/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7316 Tbg setting date: 11/10/2010 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: Kenny Trueax

Title: Regulatory Analyst II

Date: _____

Email Kenny.Trueax@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: _____

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)