

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:

400092471

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 05-123-18466-00 6. County: WELD
 7. Well Name: HSR FEDERAL Well Number: 8-36
 8. Location: QtrQtr: SENE Section: 36 Township: 3N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 08/17/2010 Date of First Production this formation: 08/26/2010
 Perforations Top: 7112 Bottom: 7354 No. Holes: 119 Hole size: 31/100
 Provide a brief summary of the formation treatment: Open Hole:
 NBRR Perf 7112-7220 Holes 83 Size 0.16 CODL Perf 7344-7354 Holes 36 Size 0.31
 Reperf NBRR 7112-7220 Holes 80 Size 0.16
 Refrac NBRR w/ 250 gal 15% HCl & 156,088 gal pHaser Hybrid & 251,420# 20/40 sand & 4,000# SB Excel.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/03/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 101 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 101 Bbls H2O: 0 GOR: _____
 Test Method: FLOWING Casing PSI: 1292 Tubing PSI: 825 Choke Size: 30/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1341 API Gravity Oil: 51
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7306 Tbg setting date: 08/20/2010 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: 9/13/2010 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: 12/22/2010

Attachment Check List

Att Doc Num	Name
400092471	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)