

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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Document Number:

400088972

**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 05-123-19942-00 6. County: WELD  
7. Well Name: HSR-HLADKY Well Number: 11-21A  
8. Location: QtrQtr: NESW Section: 21 Township: 2N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>DAKOTA</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>11/23/2000</u>	Date of First Production this formation: <u>04/19/2000</u>
Perforations Top: <u>8074</u> Bottom: <u>8096</u>	No. Holes: <u>60</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Set CIBP @ 8025' w/ 2 sacks of cement for mechanical integrity.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	
<u>DKTA temporarily abandoned for JSND recomple.</u>	
Date formation Abandoned: <u>11/23/2000</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>8025</u>	Sacks cement on top: <u>2</u>

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 07/28/2010 Date of First Production this formation: 12/06/2000

Perforations Top: 7906 Bottom: 7932 No. Holes: 78 Hole size: 38/100

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

Set sand plug @ 7780'.

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:

JSND temporarily abandoned for NB-CD recomplete.

Date formation Abandoned: 07/28/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7780 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/05/2010 Date of First Production this formation: 08/12/2010

Perforations Top: 7220 Bottom: 7460 No. Holes: 118 Hole size: 38/100

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

NBRR Perf 7220-7296 Holes 62 Size 0.47 CODL Perf 7446-7460 Holes 56 Size 0.38  
Frac NBRR w/ 250 gal 15% HCl & 244,694 gal SW & 200,300# 40/70 sand & 4,140# SB Excel.  
Frac CODL w/ 197,064 gal SW & 150,020# 40/70 sand & 4,140# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 08/27/2010 Hours: 24 Bbls oil: 79 Mcf Gas: 174 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 79 Mcf Gas: 174 Bbls H2O: 0 GOR: 2203

Test Method: FLOWING Casing PSI: 240 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1248 API Gravity Oil: 47

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 Analyst II

Date: 8/30/2010

Email Cindy.Vue@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: *David S. Neslin*

Director of COGCC

Date: 12/23/2010

### **Attachment Check List**

Att Doc Num	Name
400088972	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)