

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:

400124571

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 05-123-19593-00 6. County: WELD
 7. Well Name: HSR-ENDERSON Well Number: 5-11A
 8. Location: QtrQtr: SWNW Section: 11 Township: 2N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED
 Treatment Date: 11/17/2010 Date of First Production this formation: 04/27/1998
 Perforations Top: 7869 Bottom: 7921 No. Holes: 88 Hole size: 0.38
 Provide a brief summary of the formation treatment: Open Hole:
JSND under plug at 7985'
 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/Codell recomplete
 Date formation Abandoned: 11/17/2010 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/06/2010 Date of First Production this formation: 12/10/2010

Perforations Top: 7172 Bottom: 7450 No. Holes: 124 Hole size: 0.42

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

NB Perf: 7172-7290 Holes: 60 Size: .42
Frac NB w/ 252 gal 15% HCl & 222,852 gal Slickwater w/ 201,480# 30/50 sand, 4,000# SB Excel sand
CD Perf: 7434-7450 Holes: 64 Size: .40
Frac CD w/ 204,792 gal Slickwater w/ 150,020# 30/50 sand, 4,000# SB Excel sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/14/2011 Hours: 24 Bbls oil: 56 Mcf Gas: 266 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 56 Mcf Gas: 266 Bbls H2O: 0 GOR: 4750

Test Method: Flowing Casing PSI: 667 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1161 API Gravity Oil: 49

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: Kenny Trueax

Title: Regulatory Analyst II Date: _____ Email Kenny.Trueax@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)