

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:

400136964

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: CARA MAHLER
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
 3. Address: P O BOX 173779 Fax: (720) 929-7029
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-16659-00 6. County: WELD
 7. Well Name: HSR-MEAD Well Number: 7-10
 8. Location: QtrQtr: SWNE Section: 10 Township: 4N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED
 Treatment Date: 11/16/2010 Date of First Production this formation: 02/26/1993
 Perforations Top: 6745 Bottom: 7048 No. Holes: 61 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
NB PERF 6745-6932 HOLES 61 SIZE .38 CD PERF 7032-7048 HOLES 43 SIZE .38
CIBP SET TO PRODUCE SUSX
 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:
CIBP @ 6497' spot 2 sx sand.
 Date formation Abandoned: 11/16/2010 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 6497 Sacks cement on top: _____

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 12/21/2010 Date of First Production this formation: 01/26/2011

Perforations Top: 4388 Bottom: 4414 No. Holes: 44 Hole size: 0.38

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

Frac Sussex down 4-1/2" Csg w/ 21,176 gal Vistar 70 Quality N2 w/ 200,620# 16/30 & 20,240# 20/40 SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/24/2011 Hours: 24 Bbls oil: 33 Mcf Gas: 44 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 33 Mcf Gas: 44 Bbls H2O: 0 GOR: 1333

Test Method: FLOWING Casing PSI: 784 Tubing PSI: 507 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4377 Tbg setting date: 01/04/2011 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:

NO CHOKE.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: CARA MAHLER

Title: REGULATORY ANALYST I Date: _____ Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)