

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:

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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: 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 05-123-19516-00 6. County: WELD
7. Well Name: HSR-MOSER Well Number: 15-27
8. Location: QtrQtr: SWSE Section: 27 Township: 3N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>01/07/2011</u>	Date of First Production this formation: <u>05/27/2002</u>
Perforations Top: <u>7591</u> Bottom: <u>7632</u>	No. Holes: <u>54</u> Hole size: <u>0.31</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>tag sand plug @ 7254'</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____	
<u>tag sand plug @ 7254'</u>	
Date formation Abandoned: <u>01/07/2011</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7254</u>	Sacks cement on top: _____

FORMATION:	NIOBRARA-CODELL	Status:	PRODUCING
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Treatment Date:	01/19/2011	Date of First Production this formation:	03/01/2011
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Perforations	Top:	6890	Bottom:	7150	No. Holes:	136	Hole size:	0.38
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Provide a brief summary of the formation treatment: Open Hole: ☐

NB PERF (2/12/1998) 6893-6899 HOLES 12 SIZE .31 CD PERF (2/12/1998) 7139-7145 HOLES 12 SIZE .31
NB PERF (1/10/2011) 6890-6899 HOLES 54 SIZE .37 CD PERF (1/10/2011) 7136-7150 HOLES 56 SIZE .38
(1/19/2011) Re-Frac Codell down 4-1/2" Csg w/ 217,014 gal Slickwater w/ 200,460# 40/70, 4,000# SuperLC.
(1/26/2011) Re-Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 244,106 gal Slickwater w/ 200,400# 40/70, 4,000#
SuperLC, 0# .
WENT DOWNLINE AFTER REFRAC ON 3/01/2011

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

Date: <u>02/20/2011</u>	Hours: <u>24</u>	Bbls oil: <u>14</u>	Mcf Gas: <u>66</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>14</u>	Mcf Gas: <u>66</u>	Bbls H2O: <u>0</u>	GOR: <u>471</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1525</u>	Tubing PSI: <u></u>	Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1254</u>	API Gravity Oil: <u>55</u>	
Tubing Size: <u></u>		Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ Email: CARA.MAHLER@ANADARKO.COM

Att Doc Num	Name

Total Attach: 0 Files

User Group	Comment	Comment Date

Total: 0 comment(s)