

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:

400138719

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

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 01/19/2011

Date of First Production this formation: 03/01/2011

Perforations Top: 6890 Bottom: 7150 No. Holes: 136 Hole size: 0.38

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

Test Information:

Date: 02/20/2011 Hours: 24 Bbls oil: 14 Mcf Gas: 66 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 14 Mcf Gas: 66 Bbls H2O: 0 GOR: 4714

Test Method: FLOWING Casing PSI: 1525 Tubing PSI: Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1254 API Gravity Oil: 55

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: CARA MAHLER

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

Attachment Check List

Table with 2 columns: Att Doc Num, Name

Total Attach: 0 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)