

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 05-123-17522-00 6. County: WELD
7. Well Name: HSR-ABBETT Well Number: 1-23
8. Location: QtrQtr: NENE Section: 23 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>02/10/2011</u>	Date of First Production this formation: <u>02/25/1999</u>
Perforations Top: <u>7738</u> Bottom: <u>7776</u>	No. Holes: <u>112</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>SAND PLUG SET @ 7375'</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>SAND PLUG SET @ 7375'</u>	
Date formation Abandoned: <u>02/10/2011</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7375</u>	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/21/2011 Date of First Production this formation: 02/25/2011

Perforations Top: 7012 Bottom: 7296 No. Holes: 120 Hole size: 0.4

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

NB REPERF (2/21/2011) 7012-7140 HOLES 52 SIZE .42
Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 240,927 gal Slickwater w/ 200,140# 40/70, 4,000# SB Excel.
CD REPERF (2/11/2011) 7278-7796 HOLES 54 SIZE .40
Re-Frac Codell down 4-1/2" Csg w/ 210,062 gal Slickwater w/ 150,600# 40/70, 4,000# SB Excel.

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

Test Information:

Date: 03/22/2011 Hours: 24 Bbls oil: 39 Mcf Gas: 149 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 149 Bbls H2O: 0 GOR: 3821

Test Method: FLOWING Casing PSI: 1850 Tubing PSI: 1820 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1197 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7256 Tbg setting date: 03/16/2011 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:

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

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)