

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400132766				
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: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>	

5. API Number <u>05-123-19866-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HSR-BOULTER FEDERAL</u>	Well Number: <u>13-18A</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>18</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>12/16/2011</u>	Date of First Production this formation: <u>02/03/2000</u>
Perforations Top: <u>8046</u> Bottom: <u>8076</u>	No. Holes: <u>59</u> Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:	
Open Hole: <input type="checkbox"/>	
Pump 2150# Of 20/40 sand to bring PBD to 7850'. Sand Plug set at 7850'.	

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:

Sand Plug set at 7850'.

Date formation Abandoned: 12/16/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/03/2011 Date of First Production this formation: 08/25/2003

Perforations Top: 7302 Bottom: 7590 No. Holes: 118 Hole size: 0.38

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

NB PERF 7302-7424 HOLES 52 SIZE 0.42 CD PERF 7568-7590 HOLES 66 SIZE 0.38
Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 244,146 gal Slickwater w/ 200,360# 40/70, 4,320# SB Excel.
Re-Frac Codell down 4-1/2" Csg w/ 204,137 gal Slickwater w/ 150,160# 40/70, 4,000# SB Excel.
AFTER REFRAC WENT DOWNLINE ON 1/12/2011

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/05/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 101 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 101 Bbls H2O: 0 GOR: 5611

Test Method: FLOWING Casing PSI: 1150 Tubing PSI: _____ Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1314 API Gravity Oil: 52

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: 2/11/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400132766	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)