

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 with columns DE, ET, OE, ES

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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 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP 3. Address: P O BOX 173779 City: DENVER State: CO Zip: 80217-37 4. Contact Name: CARA MAHLER Phone: (720) 929-6029 Fax: (720) 929-7029

5. API Number 05-123-24219-00 6. County: WELD 7. Well Name: HOPPER Well Number: 24-15 8. Location: QtrQtr: NESE Section: 15 Township: 2N Range: 68W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Date: 01/04/2011 Date of First Production this formation: 03/19/2007 Perforations Top: 7588 Bottom: 7612 No. Holes: 72 Hole size: 0.45 Provide a brief summary of the formation treatment: Open Hole: [ ] REMOVED CAST IRON BRIDGE PLUG TO COMMINGLE WITH NB. This formation is commingled with another formation: [X] 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: Date formation Abandoned: 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: 12/08/2010 Date of First Production this formation: 01/10/2011

Perforations Top: 7380 Bottom: 7612 No. Holes: 140 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NB PERF 7380-7470 HOLES 68 SIZE .38 CD PERF 7588-7612 HOLES 72 SIZE .45

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 01/20/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 51 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 51 Bbls H2O: 0 GOR: 12750

Test Method: FLOWING Casing PSI: 550 Tubing PSI: 500 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 API Gravity Oil: 49

Tubing Size: 2.375 Tubing Setting Depth: 7567 Tbg setting date: 01/06/2011 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 12/08/2010 Date of First Production this formation: 01/10/2011

Perforations Top: 7380 Bottom: 7470 No. Holes: 68 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 236,074 gal Silver Stim Hybrid w/ 200,560# 40/70 & 4,340# 20/40 SB Excel.

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: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment: \_\_\_\_\_

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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: 2/9/2011 Email CARA.MAHLER@ANADARKO.COM  
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**Attachment Check List**

Att Doc Num	Name
400131883	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)