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| 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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400138649</div> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| 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: <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>05-123-19517-00</u> | | 6. County: <u>WELD</u> | | | | | |
| 7. Well Name: <u>HSR-MOSER</u> | | Well Number: <u>16-27</u> | | | | | |
| 8. Location: QtrQtr: <u>SESE</u> | Section: <u>27</u> | Township: <u>3N</u> | Range: <u>65W</u> Meridian: <u>6</u> | | | | |
| 9. Field Name: <u>WATTENBERG</u> | | Field Code: <u>90750</u> | | | | | |
| <u>Completed Interval</u> | | | | | | | |
| FORMATION: <u>J SAND</u> | | Status: <u>TEMPORARILY ABANDONED</u> | | | | | |
| Treatment Date: <u>12/27/2010</u> | | Date of First Production this formation: <u>04/26/2004</u> | | | | | |
| Perforations Top: <u>7572</u> | Bottom: <u>7628</u> | No. Holes: <u>70</u> | Hole size: <u>0.21</u> | | | | |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | | | | |
| PUMP SAND PLUG OVER J @ 7355' | | | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Test Information: | | | | | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | | | | |
| Calculated 24 hour rate: | | Bbls oil: _____ | Mcf Gas: _____ | | | | |
| 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: | | | | | | | |
| PUMP SAND PLUG OVER J @ 7355' | | | | | | | |
| Date formation Abandoned: <u>12/27/2010</u> | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | | | |
| Bridge Plug Depth: <u>7355</u> | | Sacks cement on top: _____ | | | | | |

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| FORMATION: <u>NIOBRARA-CODELL</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>01/26/2011</u> | | Date of First Production this formation: <u>03/02/1998</u> | |
| Perforations | Top: <u>6870</u> | Bottom: <u>7123</u> | No. Holes: <u>141</u> |
| | | Hole size: <u>0.31</u> | |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| Re-Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 238,352 gal Slickwater w/ 200,540# 40/70, 4,000# SuperLC, 0# . AFTER NB REFRAC WELL WENT DOWNLINE ON 1/31/2011. (12/30/2010) NB PERF 6870-6993 HOLES 105 SIZE .42 NB PERF 6880-6883 HOLES 18 SIZE .31 CD PERF 7117-7123 HOLES 18 SIZE .31 | | | |
| This formation is commingled with another formation: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | | | |
| Date: <u>03/25/2011</u> | Hours: <u>24</u> | Bbls oil: <u>22</u> | Mcf Gas: <u>101</u> |
| | | Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>22</u> | Mcf Gas: <u>101</u> |
| | | Bbls H2O: <u>0</u> | GOR: <u>4591</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>412</u> | Tubing PSI: <u>302</u> | Choke Size: <u>28/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1254</u> | API Gravity Oil: <u>51</u> |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7191</u> | Tbg setting date: <u>02/23/2011</u> | Packer Depth: _____ |
| Reason for Non-Production: | | | |
| | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | |

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| 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: 4/4/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400138649 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)