

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:

400185000

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-
4. Contact Name: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-20558-00
6. County: WELD
7. Well Name: HSR NICHOLS
Well Number: 6-8
8. Location: QtrQtr: SEnw Section: 8 Township: 2N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: 03/12/2011

Date of First Production this formation: 03/21/2011

Perforations Top: 7110 Bottom: 7770 No. Holes: 200 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVED SAND PLUG AT 7621'.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 08/02/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 90 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 90 Bbls H2O: 0 GOR: 9000

Test Method: FLOWING Casing PSI: 692 Tubing PSI: 642 Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1208 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7702 Tbg setting date: 03/14/2011 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: J SAND

Status: PRODUCING

Treatment Date: 03/12/2011

Date of First Production this formation: 01/09/2002

Perforations Top: 7725 Bottom: 7770 No. Holes: 87 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

REMOVED SAND PLUG AT 7621'.

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:

NO CHOKE.

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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)