

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400207874

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-

5. API Number 05-001-09439-00 6. County: ADAMS
7. Well Name: HSR STATE Well Number: 6-16
8. Location: QtrQtr: NWNW Section: 16 Township: 1S Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: DAKOTA-J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 08/29/2011 Date of First Production this formation: 09/06/2011
Perforations Top: 7534 Bottom: 7724 No. Holes: 69 Hole size: 0.42

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

REMOVED CIBP SET @ 8340-8342 TO COMMINGLE DKTA AND JSND WITH NB/CD

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

Test Information:

Date: 09/20/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 137 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 137 Bbls H2O: 0 GOR: 7611
Test Method: FLOWING Casing PSI: 883 Tubing PSI: _____ Choke Size: 26/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1336 API Gravity Oil: 42
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: _____

FORMATION: DAKOTA Status: PRODUCING

Treatment Date: 08/29/2011 Date of First Production this formation: 03/04/2002

Perforations Top: 8567 Bottom: 8600 No. Holes: 57 Hole size: 0.38

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

REMOVED CIBP SET @ 8340-8342 TO COMMINGLE DKTA AND JSND WITH NB/CD

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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/29/2011 Date of First Production this formation: 04/30/2002

Perforations Top: 8397 Bottom: 8431 No. Holes: 84 Hole size: 0.38

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

REMOVED CIBP SET @ 8340-8342 TO COMMINGLE DKTA AND JSND WITH NB/CD

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:

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

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

Total: 0 comment(s)