

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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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.

Document Number:

400214321

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 05-123-20289-00
6. County: WELD
7. Well Name: FOSTER RIDGE 1-27A (HSR)
Well Number: 1-27A
8. Location: QtrQtr: SWNE Section: 27 Township: 3N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND

Status: TEMPORARILY ABANDONED

Treatment Date: 07/29/2011

Date of First Production this formation: 07/31/2001

Perforations Top: 8185 Bottom: 8205 No. Holes: 60 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐

SET SAND PLUG @ 7985-8200

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:

SET SAND PLUG @ 7985-8200

Date formation Abandoned: 07/29/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8200 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 08/08/2011

Date of First Production this formation: 08/11/2011

Perforations Top: 7504 Bottom: 7760 No. Holes: 126 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

CDL PERF: 7744-7760 HOLES 64 SIZE .38

NB PERF: 7504-7609 HOLES 62 SIZE .42

Frac Codell down 4-1/2" Csg w/ 203,994 gal Slickwater w/ 148,780# 40/70, 4,000# SB Excel, 0# .

Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 232,598 gal Slickwater w/ 202,240# 40/70, 4,000# SB Excel, 0# .

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

Date: 10/08/2011 Hours: 24 Bbls oil: 26 Mcf Gas: 169 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 26 Mcf Gas: 169 Bbls H2O: 0 GOR: 6500

Test Method: FLOWING Casing PSI: 950 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 47

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: _____

CARA.MAHLER@ANADARKO.COM

Email
:

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)