

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:

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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 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 05-123-19106-00 6. County: WELD
7. Well Name: HSR-HOUSTON,B. Well Number: 6-16
8. Location: QtrQtr: SENW Section: 16 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/21/2011 Date of First Production this formation: 09/30/2011
Perforations Top: 6847 Bottom: 7074 No. Holes: 136 Hole size: 0.42

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

(8/30/2011) CDL REPERF: 7056-7074 HOLES 18 SIZE .38 (9/21/2011) NB REPERF: 6847-6918 HOLES 60 SIZE .42
Tri-Frac Codell down 4-1/2" Csg w/ 207,683 gal Slickwater w/ 150,220# 40/70, 4,000# SB Excel.
Re-Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 245,154 gal Slickwater w/ 200,780# 40/70, 4,000# SB Excel.

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

Test Information:

Date: 10/11/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 72 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 72 Bbls H2O: 0 GOR: 2880
Test Method: FLOWING Casing PSI: 1142 Tubing PSI: 682 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1310 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7022 Tbg setting date: 09/26/2011 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: _____

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)