

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:

400215932

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 05-123-18472-00 6. County: WELD
7. Well Name: HSR FEDERAL Well Number: 5-36
8. Location: QtrQtr: SWNW Section: 36 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/16/2011 Date of First Production this formation: 09/26/2011
Perforations Top: 7270 Bottom: 7469 No. Holes: 146 Hole size: 0.43

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

CDL REPERF: 7453-7469 HOLES 64 SIZE .43 NB REPERF: 7270-7362 HOLES 60 SIZE .43
Re-Frac Codell down 2-7/8" Csg w/ 166,282 gal Slickwater w/ 90,760# 40/70, 0# SB Excel.
Re-Frac Niobrara B & C down 2-7/8" Csg w/ 252 gal 15% HCl & 213,738 gal Slickwater w/ 136,587# 40/70, 0# SB Excel.

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

Test Information:

Date: 10/11/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 98 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 98 Bbls H2O: 0 GOR: 5444
Test Method: FLOWING Casing PSI: 292 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1306 API Gravity Oil: 54
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: 10/18/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400215932	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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