

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:

400218571

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 05-123-19901-00

6. County: WELD

7. Well Name: HSR-SARCHET

Well Number: 9-28A

8. Location: QtrQtr: NESE Section: 28

Township: 3N

Range: 66W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

### Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 10/06/2011Date of First Production this formation: 10/14/2011Perforations Top: 7144 Bottom: 7924 No. Holes: 199 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐REMOVED SAND PLUG SET @ 7700-7900 TO COMMINGLE JSND WITH NB/CDThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/22/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 56 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 56 Bbls H2O: 0 GOR: 14000Test Method: FLOWING Casing PSI: 653 Tubing PSI: 639 Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1215 API Gravity Oil: 54Tubing Size: 2 + 3/8 Tubing Setting Depth: 7850 Tbg setting date: 10/06/2011 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 SANDStatus: PRODUCINGTreatment Date: 10/06/2011Date of First Production this formation: 04/18/2000Perforations Top: 7872 Bottom: 7924 No. Holes: 79 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐REMOVED SAND PLUG SET @ 7700-7900 TO COMMINGLE JSND WITH NB/CDThis 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 MAHLERTitle: REGULATORY ANALYST 1 Date: 10/27/2011 CARA.MAHLER@ANADARKO.COM

Email  
:

### **Attachment Check List**

Att Doc Num	Name
400218571	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)