

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:

400220523

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: Cindy Vue
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-24520-00 6. County: WELD
 7. Well Name: HUNTRESS Well Number: 7-25
 8. Location: QtrQtr: SWNE Section: 25 Township: 2N Range: 68W Meridian: 6
 9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/21/2010 Date of First Production this formation: 11/19/2007

Perforations Top: 7658 Bottom: 7680 No. Holes: 66 Hole size: 0.38

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

CD PERF 7658-7680 HOLES 66 SIZE 0.38
REMOVED RBP @ 7580 OVER CODL TO COMMINGLE NBRR & CODL.

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/21/2010 Date of First Production this formation: 06/28/2010

Perforations Top: 7371 Bottom: 7680 No. Holes: 138 Hole size: 0.38

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

NB PERF 7371-7542 HOLES 72 SIZE 0.41 CD PERF 7658-7680 HOLES 66 SIZE 0.38
REMOVED RBP @ 7580 OVER CODL TO COMMINGLE NBRR & CODL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/14/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 89 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 7 Mcf Gas: 89 Bbls H2O: 0 GOR: 12714

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1317 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7633 Tbg setting date: 06/21/2010 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: NIOBRARA Status: COMMINGLED

Treatment Date: 06/21/2010 Date of First Production this formation: 04/26/2010

Perforations Top: 7371 Bottom: 7542 No. Holes: 72 Hole size: 0.41

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

NB PERF 7371-7542 HOLES 72 SIZE 0.41
REMOVED RBP @ 7580 OVER CODL TO COMMINGLE NBRR & CODL.

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:

THIS WELL IS ON THE KERR-MCGEE DELINQUENCY LIST FOR MISSING NBRR REPORTS 6/2011-8/2011. THIS FORM 5A IS THE MOST UP TO DATE SHOWING THAT THE NBRR FORMATION WAS COMMINGLED WITH THE CODL 6/28/2010. THANK YOU.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Cindy Vue

Attachment Check List

Att Doc Num	Name
400220523	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)