

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 05-123-16785-00 6. County: WELD
7. Well Name: HSR-BERTLIN Well Number: 1-10
8. Location: QtrQtr: NENE Section: 10 Township: 4N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/21/2011 Date of First Production this formation: 07/20/1997
Perforations Top: 6728 Bottom: 7042 No. Holes: 101 Hole size: 0.38

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

REPERF CDL (7/12/97) 7028-7042 SIZE 28 SIZE .38 RETURNED DOWN LINE ON 7/20/1997
REFRAC CDL (7/15/97) AVG RATE 18 BBL/MIN , AVG PRESSURE 5,400, TOTAL FLUID 136,878 GAL, TOTAL SAND WEIGHT 259,560 LBM
(11/21/211) Tri-Frac Codell down 4-1/2" Csg w/ 198,660 gal Slickwater w/ 153,140# 40/70, 4,000# SuperLC.

Tri-Frac Codell down 4-1/2" Csg w/ 198,660 gal Slickwater w/ 153,140# 40/70, 4,000# SuperLC.

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

Test Information:

Date: 12/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 125 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 125 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 245 Tubing PSI: _____ Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 61
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: _____

Email CARA.MAHLER@ANADARKO.COM

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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**User Group****Comment****Comment Date**

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Total: 0 comment(s)