

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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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.

Document Number:

400245246

1. OGCC Operator Number: 47120
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-18315-00
6. County: WELD
7. Well Name: HSR-PESCO Well Number: 13-2A
8. Location: QtrQtr: SWSW Section: 2 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 07/15/2011Date of First Production this formation: 06/18/2001Perforations Top: 7591 Bottom: 7636 No. Holes: 80 Hole size: 0.21

Provide a brief summary of the formation treatment:

Open Hole: ☐Pump 1400# 20/40 sand plug, bring plug up to 7210'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:

Pump 1400# 20/40 sand plug, bring plug up to 7210'Date formation Abandoned: 07/15/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____Bridge Plug Depth: 7210 Sacks cement on top: _____FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 07/26/2011Date of First Production this formation: 01/12/2012Perforations Top: 6874 Bottom: 7156 No. Holes: 176 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐CDL REPERF 7/19/2011: 7140-7156 HOLES 32 SIZE .38 NB REPERF 7/19/2011: 6874-7030 HOLES 44 SIZE .38
Re-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 123,732 gal pHaser w/ 261,000# 20/40, 4,000# SB Excel, 0# .
Re-Frac Niobrara A & B & C down 2-7/8" Tbg w/ Pkr ^ Nio w/ 167,853 gal pHaser w/ 254,580# 20/40, 4,000# SB Excel, 0# .This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 01/22/2012 Hours: 24 Bbls oil: 30 Mcf Gas: 98 Bbls H2O: 0Calculated 24 hour rate: _____ Bbls oil: 30 Mcf Gas: 98 Bbls H2O: 0 GOR: 3267Test Method: FLOWING Casing PSI: 1220 Tubing PSI: 1073 Choke Size: 64/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1312 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 7117 Tbg setting date: 08/02/2011 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 MAHLERTitle: REGULATORY ANALYST 1

Date: _____

CARA.MAHLER@ANADARKO.COM

Email
:

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)