

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



DE ET OE ES

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:

400247143

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 05-123-19950-00

6. County: WELD

7. Well Name: HSR-MAGNESS

Well Number: 11-24A

8. Location: QtrQtr: NESW Section: 24 Township: 3N Range: 67W Meridian: 6

9. Field Name: Field Code:

Completed IntervalFORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 01/10/2012Date of First Production this formation: 11/02/2002Perforations Top: 7076 Bottom: 7832 No. Holes: 119 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐REMOVE SAND PLUG SET @ 7640 TO COMMINGLE JSND WITH NB/CDThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 01/28/2012 Hours: 24 Bbls oil: 8 Mcf Gas: 184 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 184 Bbls H2O: 0 GOR: 23000Test Method: FLOWING Casing PSI: 471 Tubing PSI: Choke Size: Gas Disposition: SOLD Gas Type: WET BTU Gas: 1259 API Gravity Oil: 50Tubing 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: J SANDStatus: PRODUCINGTreatment Date: Date of First Production this formation: 05/09/2000Perforations Top: 7787 Bottom: 7832 No. Holes: 63 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐REMOVE SAND PLUG SET @ 7640 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:

CHOKE N/A

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: Email: CARA.MAHLER@ANADARKO.COM

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)