

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
----	----	----	----

Document Number:

400237428

Date Received:

01/13/2012

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 05-123-18940-00 6. County: WELD
7. Well Name: HSR-BEDDO Well Number: 5-25
8. Location: QtrQtr: SWNW Section: 25 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/08/2011 Date of First Production this formation: 12/15/2011

Perforations Top: 7037 Bottom: 7308 No. Holes: 106 Hole size: 0.38

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

REPERF NIOBRARA

Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 244,188 gal Slickwater w/ 200,260# 40/70, 0# SB Excel.

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

Test Information:

Date: 01/12/2012 Hours: 24 Bbls oil: 7 Mcf Gas: 95 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 95 Bbls H2O: 0 GOR: 13571

Test Method: FLOWING Casing PSI: 1421 Tubing PSI: 1191 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1221 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7255 Tbg setting date: 01/04/2012 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: 1/13/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400237428	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)