

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:
400258474

Date Received:

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 05-123-20562-00 6. County: WELD
 7. Well Name: HSR ZIEMER Well Number: 4-5
 8. Location: QtrQtr: NWNW Section: 5 Township: 1N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: DAKOTA-J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 02/15/2012 Date of First Production this formation: 02/27/2012

Perforations Top: 7125 Bottom: 8003 No. Holes: 276 Hole size: 0.4

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

REMOVED CIBP SET @ 7710-7712 AND REMOVED CIBP SET @ 7670-7672 TO COMMINGLE JSND AND DKTA WITH NB/CD

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/02/2012 Hours: 24 Bbls oil: 3 Mcf Gas: 42 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 42 Bbls H2O: 0 GOR: 14000

Test Method: FLOWING Casing PSI: 816 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1182 API Gravity Oil: 49

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: DAKOTA Status: PRODUCING

Treatment Date: 02/15/2012 Date of First Production this formation: 11/08/2001

Perforations Top: 7980 Bottom: 8003 No. Holes: 64 Hole size: 0.38

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

REMOVED CIBP SET @ 7710-7712 AND REMOVED CIBP SET @ 7670-7672 TO COMMINGLE JSND AND DKTA WITH NB/CD

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: J SAND Status: PRODUCING

Treatment Date: 02/15/2012 Date of First Production this formation: 12/06/2002

Perforations Top: 7784 Bottom: 7822 No. Holes: 88 Hole size: 0.38

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

REMOVED CIBP SET @ 7710-7712 AND REMOVED CIBP SET @ 7670-7672 TO COMMINGLE JSND AND DKTA WITH NB/CD

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: _____

CHOKE N/A. NO WBD

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

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)