

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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
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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-20451-00
6. County: WELD
7. Well Name: HSR-LEAHY
Well Number: 10-9
8. Location: QtrQtr: NWSE Section: 9 Township: 4N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 05/03/2012 Date of First Production this formation: 09/12/2001

Perforations Top: 7173 Bottom: 7181 No. Holes: 80 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: [ ]

CD PERF 7173-7181 HOLES 8 SIZE 0.42
4/11/2012 -REFRAC NIOBRARA
5/03/2012 -PRODUCING FROM NB/CD AFTER NB RF.

This formation is commingled with another formation: [X] 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/11/2012 Date of First Production this formation: 09/12/2001  
Perforations Top: 6847 Bottom: 7181 No. Holes: 79 Hole size: 0.42

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

NB PERF 6847-7046 HOLES 71 SIZE 0.42  
CD PERF 7173-7181 HOLES 8 SIZE 0.42  
4/11/2012 -REFRAC NIOBRARA  
5/03/2012 -PRODUCING FROM NB/CD AFTER NB RF.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/05/2012 Hours: 24 Bbls oil: 5 Mcf Gas: 14 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 14 Bbls H2O: 0 GOR: 2800

Test Method: FLOWING Casing PSI: 1275 Tubing PSI: 700 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1276 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7141 Tbg setting date: 04/20/2012 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 04/11/2012 Date of First Production this formation: 09/12/2001  
Perforations Top: 6847 Bottom: 7046 No. Holes: 71 Hole size: 0.42

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

NB PERF 6847-7046 HOLES 71 SIZE 0.42  
4/11/2012 -Refrac NBRR down 4.5" casing w/ 250 gal 15% HCl & 216,512 gal slickwater w/ 200,260# 40/70, 4,000# 20/40. Broke @ 4,082 psi @ 6 bpm. ATP=5,269 psi; MTP=5,563 psi; ATR=56.8 bpm; ISDP=3,538 psi  
5/03/2012 -PRODUCING FROM NB/CD AFTER NB RF.

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:  
\_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Cindy Vue  
Title: Regulatory Analyst II Date: \_\_\_\_\_ Email: Cindy.Vue@anadarko.com  
:

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)