

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:
400286570

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: Cindy Vue
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-19624-00 6. County: WELD
 7. Well Name: HSR-HAMILTON Well Number: 11-11A
 8. Location: QtrQtr: NESW Section: 11 Township: 2N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/17/2012 Date of First Production this formation: 08/26/2002

Perforations Top: 7440 Bottom: 7456 No. Holes: 74 Hole size: 0.38

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

CD PERF 7440-7456 HOLES 74 SIZE 0.38
4/17/12 -Refrac CODL down 4.5" casing w/ 198,408 gal slickwater w/ 150,240# 40/70, 4,000# SB Excel. Broke @ 1,999 psi @ 4.2 bpm. ATP=4,324 psi; MTP=4,931 psi; ATR=56.2 bpm; ISDP=2,979 psi
5/04/12 -RWTP UP TBG AFTER CD/NB RF. JSND UNDER PLUG

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: TEMPORARILY ABANDONED

Treatment Date: 04/10/2012 Date of First Production this formation: 06/24/1998

Perforations Top: 7876 Bottom: 7921 No. Holes: 68 Hole size: 0.42

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

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:

SET SAND PLUG @ 7650' FOR NB/CD REFRAC

Date formation Abandoned: 04/10/2012 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/17/2012 Date of First Production this formation: 08/26/2002

Perforations Top: 7216 Bottom: 7456 No. Holes: 144 Hole size: 0.42

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

NB PERF 7216-7310 HOLES 70 SIZE 0.42
CD PERF 7440-7456 HOLES 74 SIZE 0.38
4/17/12 -NB/CD REFRAC
5/04/12 -RWTP UP TBG AFTER CD/NB RF. JSND UNDER PLUG

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/05/2012 Hours: 24 Bbls oil: 20 Mcf Gas: 65 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 20 Mcf Gas: 65 Bbls H2O: 0 GOR: 3250

Test Method: FLOWING Casing PSI: 1440 Tubing PSI: 1198 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1203 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7399 Tbg setting date: 04/30/2012 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: 04/17/2012 Date of First Production this formation: 08/26/2002
Perforations Top: 7216 Bottom: 7310 No. Holes: 70 Hole size: 0.42

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

NB PERF 7216-7310 HOLES 70 SIZE 0.42
4/17/12 -Refrac NBRR down 4.5" casing w/ 252 gal 15% HCl & 245,868 gal slickwater w/ 201,760# 40/70, 4,000# SB Excel. Broke @ 3,384 psi @ 7.8 bpm. ATP=4,580 psi; MTP=4,819 psi; ATR=59.5 bpm; ISDP=2,904 psi
5/04/12 -RWTP UP TBG AFTER CD/NB RF. JSND UNDER PLUG

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

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

Total: 0 comment(s)