

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



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

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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: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-20309-00
6. County: WELD
7. Well Name: HSR-KUNZMAN FEDERAL
Well Number: 16-6A
8. Location: QtrQtr: SESE Section: 6 Township: 2N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 01/12/2012 Date of First Production this formation: 01/19/2012
Perforations Top: 7340 Bottom: 7360 No. Holes: 60 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: []
Frac Codell down 4-1/2" Csg w/ 202,188 gal Slickwater w/ 150,360# 40/70, 4,000# SuperLC.
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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 12/29/2011 Date of First Production this formation: 05/11/2001

Perforations Top: 7779 Bottom: 7837 No. Holes: 90 Hole size: 0.38

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

SET SAND PLUG @ 7537

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 @ 7537

Date formation Abandoned: 12/29/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7537 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/12/2012 Date of First Production this formation: 01/19/2012

Perforations Top: 7122 Bottom: 7360 No. Holes: 104 Hole size: 0.42

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

NB-CD REC

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/01/2012 Hours: 24 Bbls oil: 45 Mcf Gas: 394 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 45 Mcf Gas: 394 Bbls H2O: 0 GOR: 8756

Test Method: FLOWING Casing PSI: 1640 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1278 API Gravity Oil: 52

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 Status: COMMINGLED

Treatment Date: 01/12/2012 Date of First Production this formation: 01/19/2012

Perforations Top: 7122 Bottom: 7220 No. Holes: 44 Hole size: 0.42

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

Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 234,528 gal Slickwater w/ 200,620# 40/70, 4,000# SuperLC.

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: _____

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: 3/6/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400258186	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)