

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



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Document Number:

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Date Received:

03/06/2012

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 05-123-20309-00 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: <u>CODELL</u>	Status: <u>COMMINGLED</u>
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Treatment Date: <u>01/12/2012</u>	Date of First Production this formation: <u>01/19/2012</u>
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Perforations Top: <u>7340</u>	Bottom: <u>7360</u>	No. Holes: <u>60</u>	Hole size: <u>0.38</u>
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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: ☒ Yes ☐ No

**Test Information:**

Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
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Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
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Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
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Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
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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**

User Group	Comment	Comment Date

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