

FORM
5A

Rev
06/12

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:

400274514

Date Received:

04/23/2012

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
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: JOEL MALEFYT
Phone: (720) 929-6828
Fax: (720) 929-7828

5. API Number 05-123-21021-00
6. County: WELD
7. Well Name: HSR-DAVIS STATE
Well Number: 9-16A
8. Location: QtrQtr: NESE Section: 16 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____
Treatment Date: 03/15/2012 End Date: _____ Date of First Production this formation: 03/21/2012
Perforations Top: 6815 Bottom: 7558 No. Holes: 174 Hole size: 0.4
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

PERF NBRR 6815-6957 HOLES 60 SIZE .42
PERF CODL 7074-7090 HOLES 32 SIZE .4
PERF JSND 7507-7558 HOLES 82 SIZE .38

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/22/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 36 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 36 Bbl H2O: 0 GOR: 36000
Test Method: FLOWING Casing PSI: 770 Tubing PSI: 755 Choke Size: 0
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1223 API Gravity Oil: 54
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7470 Tbg setting date: 03/16/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: _____
Treatment Date: 03/15/2012 End Date: _____ Date of First Production this formation: 09/10/2002
Perforations Top: 7507 Bottom: 7558 No. Holes: 82 Hole size: 0.38
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

PERF JSND 7507-7558 HOLES 82 SIZE .38
3/15/2012 -DRILLED OUT SAND PLUG ON TO COMMINGLE JSND WITH NBRR-CODL
3/21/2012 -J-NIOBRARA-CODELL COMMINGLED

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

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

Signed: _____ Print Name: JOEL MALEFYT
Title: REGULATORY ANALYST Date: 4/23/2012 Email: JOEL.MALEFYT@ANADARKO.COM
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Attachment Check List

Att Doc Num	Name
400274514	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)