

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



Table with 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 4. Contact Name: DOREEN GREEN
2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (435) 781-9758
3. Address: P O BOX 173779 City: DENVER State: CO Zip: 80217- Fax: Email: DOREEN.GREEN@ANADARKO.COM

5. API Number 05-123-20353-00 6. County: WELD
7. Well Name: HSR-DEEPE Well Number: 3-22A
8. Location: QtrQtr: NENW Section: 22 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7400 Bottom: 7630 No. Holes: 113 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
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: Min 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: HORIZONTAL SAFETY PREP. SEE COMMENTS.

Date formation Abandoned: 02/28/2014 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 7319 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

02/27/2014 A RBP WAS SET @ 7324 WITH 2 SX SAND ON TOP-7319. 02/28/2014 A RBP WAS SET @ 7242 WITH 2 SX SAND ON TOP-7237.

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

Signed: _____ Print Name: DOREEN GREEN
Title: REGULATORY ANALYST II Date: _____ Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)