

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with 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 ATTN: PHI City: DENVER State: CO Zip: 80217- 4. Contact Name: CINDY VUE Phone: (720) 929-6000 Fax: (720) 929-7461 Email:

5. API Number 05-123-20589-00 6. County: WELD 7. Well Name: HSR-SCHLAGEL Well Number: 16-34 8. Location: QtrQtr: SESE Section: 34 Township: 3N Range: 67W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: 08/05/2004 End Date: Date of First Production this formation: Perforations Top: 7928 Bottom: 7962 No. Holes: 51 Hole size: 21/100

Provide a brief summary of the formation treatment: Open Hole: SET CIBP @ 7878. DKTA NEVER PRODUCED.

This formation is commingled with another formation: 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: DKTA NOT PRODUCTIVE. Date formation Abandoned: 08/05/2004 Squeeze: If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7878 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: Y

Print Name: CINDY.VUE

Title: REG ANALYST II

Date: 5/3/2010

Email: CINDY.VUE@ANADARKO.COM

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### Attachment Check List

**Att Doc Num**      **Name**

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