

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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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: CANDICE BARBER Phone: (970) 515-1671 Fax: Email: CANDICE.BARBER@ANADARKO.COM

5. API Number 05-123-18922-00 6. County: WELD 7. Well Name: HSR-TOOMEY Well Number: 7-13 8. Location: QtrQtr: SWNE Section: 13 Township: 3N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: 04/28/2000 Perforations Top: 7290 Bottom: 7300 No. Holes: 40 Hole size: Provide a brief summary of the formation treatment: Open Hole: [X] This formation is commingled with another formation: [ ] Yes [X] 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: 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:

CODEL REFRAC OCCURED 5/1/2000, NEW PERFS: 7290-7300

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

Signed: \_\_\_\_\_ Print Name: CANDICE BARBER  
Title: REGULATORY ANALYST Date: 9/28/2017 Email: RSCDJPOSTDRILL@ANADARKO.COM  
:

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401415908	FORM 5A SUBMITTED
401415957	OTHER
401415971	OPERATIONS SUMMARY

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)