

Document Number:
402229979

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: <u>47120</u>	4. Contact Name: <u>KRISTINA GENO</u>
2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6824</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>kristina_geno@oxy.com</u>

5. API Number <u>05-123-16873-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HSR-STEWART</u>	Well Number: <u>3-28A</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>28</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7878 Bottom: 7912 No. Holes: 72 Hole size: 0.23

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: <input type="checkbox"/>

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:

UPDATED 5A IS BEING SUBMITTED AT THE REQUEST OF THE COA ON THE APPROVED FORM 6 NOI.
STATUS IS PRODUCING AT THE TIME OF COMPLETION OF THE J SAND.

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

Signed: _____ Print Name: KRISTINA GENO
Title: REGULATORY ANALYST Date: _____ Email: RSCDJPOSTDRILL@ANADARKO.COM
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)