

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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 4. Contact Name: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-20497-00 6. County: WELD
7. Well Name: HSR-RUSSELL Well Number: 15-25A
8. Location: QtrQtr: SWSE Section: 25 Township: 2N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>08/26/2010</u>	Date of First Production this formation: <u>10/11/2001</u>
Perforations Top: <u>8080</u> Bottom: <u>8094</u>	No. Holes: <u>42</u> Hole size: <u>0.36</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Set sand plug @ 7880'.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____	
<u>JSND temporarily abandoned for NB-CD refrac.</u>	
Date formation Abandoned: <u>08/26/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7880</u>	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/14/2010 Date of First Production this formation: 10/04/2010

Perforations Top: 7344 Bottom: 7660 No. Holes: 156 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: ☐

NBRR Perf 7344-7548 Holes 78 Size 0.42 CODL Perf 7642-7660 Holes 78 Size 0.38
Reperf NBRR 7344-7548 Holes 56 Size 0.42.
Refrac NBRR w/ 250 gal 15% HCl & 232,388 gal SW & 200,020# 40/70 sand & 4,000# SB Excel.
Reperf CODL 7642-7660 Holes 54 Size 0.38.
Refrac CODL w/ 206,262 gal SW & 151,560# 40/70 sand & 4,000# SB Excel.

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

Test Information:

Date: 10/15/2010 Hours: 24 Bbls oil: 18 Mcf Gas: 83 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 83 Bbls H2O: 0 GOR: 4611

Test Method: FLOWING Casing PSI: 1363 Tubing PSI: 1091 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1331 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7620 Tbg setting date: 09/22/2010 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: _____

Comment:

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

Signed: _____ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: _____ Email Cindy.Vue@anadarko.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____