

|   |  |   |   |    |    |    |    |
|---|--|---|---|----|----|----|----|
| <b>FORM 5A</b><br>Rev 02/08   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE  | ET   | OE  | ES  |    |    |    |    |
| <b>COMPLETED INTERVAL REPORT</b>  |  |   | Document Number:<br><br><div style="text-align: center; font-weight: bold;">400146088</div>   |    |    |    |    |
| 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>Cindy Vue</u> |
| 2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u> | Phone: <u>(720) 929-6832</u>      |
| 3. Address: <u>P O BOX 173779</u>                               | Fax: <u>(720) 929-7832</u>        |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>       |                                   |

|   |                         |
|---|-------------------------|
| 5. API Number <u>05-123-20422-00</u>  | 6. County: <u>WELD</u>  |
| 7. Well Name: <u>HSR ROCKY MTN FUEL</u>   | Well Number: <u>9-8</u> |
| 8. Location: QtrQtr: <u>NESE</u> Section: <u>8</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u> |                         |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>   |                         |

**Completed Interval**

|   |  |
|---|--|
| FORMATION: <u>J SAND</u>  | Status: <u>TEMPORARILY ABANDONED</u>                       |
| Treatment Date: <u>01/24/2011</u>   | Date of First Production this formation: <u>11/04/2004</u> |
| Perforations Top: <u>8168</u> Bottom: <u>8200</u>   | No. Holes: <u>96</u> Hole size: <u>0.21</u>                |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>                        |
| Set 1100# sand plug @ 7911' for NB/CD Refrac  |  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                        |  |
| <b>Test Information:</b>  |  |
| 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:  |  |
| Set 1100# sand plug @ 7911' for NB/CD Refrac  |  |
| Date formation Abandoned: <u>01/24/2011</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ |  |
| Bridge Plug Depth: _____ Sacks cement on top: _____   |  |

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/09/2011 Date of First Production this formation: 02/24/2011

Perforations Top: 7515 Bottom: 7718 No. Holes: 146 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NB Perf 7515-7542 Holes 68 Size 0.42 CD Perf 7696-7718 Holes 78 Size 0.40  
Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 211,218 gal Slickwater w/ 201,360# 40/70, 4,340# SB Excel  
Re-Frac Codell down 4-1/2" Csg w/ 203,784 gal Slickwater w/ 152,740# 40/70, 4,040# SB Excel

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 03/16/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 163 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 163 Bbls H2O: 0 GOR: 16300

Test Method: FLOWING Casing PSI: 1028 Tubing PSI: 768 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1449 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7675 Tbg setting date: 02/16/2011 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: 3/24/2011 Email Cindy.Vue@anadarko.com

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400146088   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)