

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:

1637978

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: MICHAEL NAGEL
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6000
3. Address: P O BOX 173779 Fax: (720) 929-7461
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30407-00 6. County: WELD
7. Well Name: PIONEER Well Number: 37-2
8. Location: QtrQtr: SESE Section: 2 Township: 2N Range: 65W Meridian: 6

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>		Status: <u>N/A</u>	
Treatment Date: <u>01/14/2010</u>		Date of First Production this formation: <u>01/14/2010</u>	
Perforations	Top: <u>6940</u> Bottom: <u>7192</u>	No. Holes: <u>68</u>	Hole size: <u>37/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>500 GALS ACID AND 439105 GALS FLUID AND 345840 LBS 40/70 SAND AND 4000 LBS 20/40 SB EXCEL. PERF NIO: 6940-7054, 36 TOTAL HOLES @ 0.37. PERF CODELL: 7176-7192, 32 TOTAL HOLES @ 0.375.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>02/09/2010</u>	Hours: <u>24</u>	Bbls oil: <u>54</u>	Mcf Gas: <u>250</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>54</u>	Mcf Gas: <u>250</u> Bbls H2O: <u>0</u> GOR: <u>4630</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>900</u>	Tubing PSI: <u></u>	Choke Size: <u>0.21875</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1242</u>	API Gravity Oil: <u>51</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

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

Signed: _____ Print Name: MICHAEL NAGEL
Title: REG ANALYST II Date: 2/10/2010 Email: MICHAEL.NAGEL@ANADARKO.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:

David S. Neslin

Director of COGCC

Date: 6/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1637978	FORM 5A SUBMITTED	LF@2480856 1637978

Total Attach: 1 Files