

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



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: 80217-37  
4. Contact Name: Cindy Vue  
Phone: (720) 929-6832  
Fax: (720) 929-7832

5. API Number 05-123-22256-00  
6. County: WELD  
7. Well Name: MCLAUGHLIN  
Well Number: 16-8  
8. Location: QtrQtr: SESE Section: 8 Township: 3N Range: 67W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/26/2010 Date of First Production this formation: 08/09/2010

Perforations Top: 6883 Bottom: 7156 No. Holes: 134 Hole size: 0.38

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

NBRR Perf 6883-7016 Holes 74 Size 0.42 CODL Perf 7136-7156 Holes 60 Size 0.38  
Reperf NBRR 6886-7016 Holes 48 Size 0.42.  
Refrac NBRR w/ 250 gal 15% HCl & 250,090 gal SW & 200,380# 40/70 sand & 4,000# SB Excel.  
Reperf CODL 7136-7146 Holes 20 Size 0.38.  
Refrac CODL w/ 121,724 gal Super Z LpH & 261,120# 20/40 sand & 4,000# SB Excel.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 08/19/2010 Hours: 24 Bbls oil: 18 Mcf Gas: 64 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 64 Bbls H2O: 0 GOR: 3556

Test Method: FLOWING Casing PSI: 1554 Tubing PSI: 882 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1249 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7099 Tbg setting date: 07/30/2010 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 complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_