

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

Document Number:

400086442

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 05-123-20958-00
6. County: WELD
7. Well Name: HUDSON
Well Number: 11-35A
8. Location: QtrQtr: NESW Section: 35 Township: 2N Range: 65W Meridian: 6

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED
Treatment Date: 07/12/2010 Date of First Production this formation: 09/23/2002
Perforations Top: 7670 Bottom: 7710 No. Holes: 64 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole:
Set sand plug @ 7300'.
This formation is commingled with another formation: Yes 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:
JSND temporarily abandoned for NB-CD recompleate.
Date formation Abandoned: 07/12/2010 Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: 7300 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/21/2010 Date of First Production this formation: 08/09/2010

Perforations Top: 6994 Bottom: 7236 No. Holes: 116 Hole size: 0.38

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

NBRR Perf 6994-7070 Holes 60 Size 0.42 CODL Perf 7222-7236 Holes 56 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 223,610 gal SW & 200,360# 40/70 sand & 1,500# SB Excel.
Frac CODL w/ 202,734 gal SW & 150,240# 40/70 sand & 4,080# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/04/2010 Hours: 24 Bbls oil: 24 Mcf Gas: 41 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 24 Mcf Gas: 41 Bbls H2O: 0 GOR: 1708

Test Method: FLOWING Casing PSI: 1380 Tubing PSI: 832 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1177 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7172 Tbg setting date: 08/20/2010 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: _____