

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 05-123-24074-00
6. County: WELD
7. Well Name: UIV
Well Number: 6-20
8. Location: QtrQtr: SENW Section: 20 Township: 5N Range: 67W Meridian: 6

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 08/05/2010 Date of First Production this formation: 08/19/2010
Perforations Top: 7152 Bottom: 7174 No. Holes: 86 Hole size: 0.38

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

Reperf CODL 7154-7164 Holes 20 Size 0.38.
Refrac CODL w/ 210,372 gal SW & 151,880# 40/70 sand & 4,000# 20/40 SB Excel.

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:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/05/2010 Date of First Production this formation: 08/19/2010

Perforations Top: 6832 Bottom: 7174 No. Holes: 152 Hole size: 0.38

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

NBRR Perf 6832-7050 Holes 66 Size 0.42 CODL Perf 7152-7174 Holes 86 Size 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/05/2010 Hours: 24 Bbls oil: 17 Mcf Gas: 72 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 17 Mcf Gas: 72 Bbls H2O: 0 GOR: 4235

Test Method: FLOWING Casing PSI: 894 Tubing PSI: 595 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7137 Tbg setting date: 08/12/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 08/05/2010 Date of First Production this formation: 08/19/2010

Perforations Top: 6832 Bottom: 7050 No. Holes: 66 Hole size: 0.42

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

Frac NBRR w/ 250 gal 15% HCl & 251,758 gal SW & 201,120# 40/70 sand & 4,000# 20/40 SB Excel.

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: _____

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: _____