

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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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: Cindy Vue
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-25000-00 6. County: WELD
 7. Well Name: WERTZ FEDERAL Well Number: 36-12
 8. Location: QtrQtr: SESW Section: 12 Township: 4N Range: 66W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/12/2010 Date of First Production this formation: 07/25/2007

Perforations Top: 7016 Bottom: 7330 No. Holes: 98 Hole size: 0.38

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

NBRR Perf 7016-7206 Holes 44 Size 0.42 CODL Perf 7312-7330 Holes 54 Size 0.38
 Refrac CODL w/ 265,944 gal SW & 212,160# 40/70 sand & 4,000# SB Excel.
 NB-CD returned to production 8/19/2010 after CODL refrac.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/04/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 286 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 286 Bbls H2O: 0 GOR: 22000

Test Method: FLOWING Casing PSI: 368 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1245 API Gravity Oil: 62

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

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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: _____