

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

Document Number:

400092538

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 05-123-24559-00  
6. County: WELD  
7. Well Name: SARCHET  
Well Number: 21-21  
8. Location: QtrQtr: NENW Section: 21 Township: 3N Range: 66W Meridian: 6

Completed Interval

FORMATION: J SAND Status: PRODUCING  
Treatment Date: 08/09/2010 Date of First Production this formation: 08/26/2010  
Perforations Top: 7840 Bottom: 7896 No. Holes: 80 Hole size: 0.38  
Provide a brief summary of the formation treatment: Open Hole:   
Frac JSND w/ 163,619 gal SW & 115,380# 40/70 sand & 4,000# SB Excel.  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 09/01/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 10 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 10 Bbls H2O: 0 GOR: 10000  
Test Method: FLOWING Casing PSI: 1279 Tubing PSI: 643 Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1263 API Gravity Oil: 56  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7860 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-CODELL Status: PRODUCING

Treatment Date: 08/26/2010 Date of First Production this formation: 06/05/2007

Perforations Top: 7106 Bottom: 7406 No. Holes: 140 Hole size: 0.38

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

NBRR Perf 7106-7266 Holes 72 Size 0.42 CODL Perf 7389-7406 Holes 68 Size 0.38  
No additional treatment.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 09/07/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 11 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 11 Bbls H2O: 0 GOR: 11000

Test Method: FLOWING Casing PSI: 1279 Tubing PSI: 643 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1263 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7860 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: \_\_\_\_\_

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: \_\_\_\_\_