

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

COMPLETED INTERVAL REPORT

Document Number:
400092597

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 05-123-21095-00
6. County: WELD
7. Well Name: HILL
Well Number: 3-3A
8. Location: QtrQtr: NENW Section: 3 Township: 3N Range: 67W Meridian: 6

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED
Treatment Date: 09/07/2004 Date of First Production this formation: 12/30/2002
Perforations Top: 7571 Bottom: 7612 No. Holes: 116 Hole size: 0.45
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 recomple.
Date formation Abandoned: 09/07/2004 Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: 7300 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/25/2010 Date of First Production this formation: 08/30/2010

Perforations Top: 6816 Bottom: 7142 No. Holes: 137 Hole size: 0.45

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

NBRR Perf 6816-6906 Holes 95 Size 0.42 CODL Perf 7121-7142 Holes 42 Size 0.45
Reperf NBRR 6816-6906 Holes 66 Size 0.42.
Refrac NBRR w/ 252 gal 15% HCl & 168,966 gal Vistar Hybrid & 250,400# 20/40 sand & 4,140# SB Excel.
Refrac CODL w/ 118,734 gal Vistar & 261,240# 20/40 sand & 4,140# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/07/2010 Hours: 24 Bbls oil: 21 Mcf Gas: 113 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 113 Bbls H2O: 0 GOR: 5381

Test Method: FLOWING Casing PSI: 361 Tubing PSI: _____ Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1366 API Gravity Oil: 52

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: _____