

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:

400092669

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 05-123-18017-00 6. County: WELD
 7. Well Name: PSC Well Number: 34-34
 8. Location: QtrQtr: SWSE Section: 34 Township: 4N Range: 67W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/17/2010 Date of First Production this formation: 08/30/2010

Perforations Top: 6795 Bottom: 7098 No. Holes: 119 Hole size: 0.38

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

NBRR Perf 6795-6868 Holes 15 CODL Perf 7080-7098 Holes 104 Size 0.38
 Reperf CODL 7080-7098 Holes 54 Size 0.38.
 Trifrac CODL w/ 166,614 gal SW & 115,220# 40/70 sand & 4,000# SuperLC.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/01/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 5 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 5 Bbls H2O: 0 GOR:

Test Method: FLOWING Casing PSI: 562 Tubing PSI: 341 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1337 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7050 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: _____