

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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Document Number:

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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 05-123-18017-00
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: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/17/2010</u>	Date of First Production this formation: <u>08/30/2010</u>
Perforations Top: <u>6795</u> Bottom: <u>7098</u>	No. Holes: <u>119</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>09/01/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>5</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>5</u> Bbls H2O: <u>0</u> GOR: <u></u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>562</u> Tubing PSI: <u>341</u> Choke Size: <u>64/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1337</u> API Gravity Oil: <u>62</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7050</u> Tbg setting date: <u>08/20/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <div></div>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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: _____