

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 4. Contact Name: CINDY VUE
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6000
3. Address: P O BOX 173779 Fax: (720) 929-7461
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-14675-00 6. County: WELD
7. Well Name: HSR-PICCONE Well Number: 2-21
8. Location: QtrQtr: NWNE Section: 21 Township: 3N Range: 66W Meridian: 6

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/12/2008</u>		Date of First Production this formation: <u>01/12/2009</u>	
Perforations	Top: <u>7428</u>	Bottom: <u>7440</u>	No. Holes: <u>56</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>REPERF CODL 7428-7440, HOLES 32, SIZE 0.16. REFRAC CODL W/ 125,000 GAL VISTAR & 260,000 # 20/40 OTTAWA & 4,000# 20/40 RESIN TAIL.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>01/22/2010</u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u> Bbls H2O: <u> </u>
Calculated 24 hour rate:		Bbls oil: <u>2</u>	Mcf Gas: <u>70</u> Bbls H2O: <u>0</u> GOR: <u>35000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>222</u>	Tubing PSI: <u>198</u>	Choke Size: <u> </u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1277</u>	API Gravity Oil: <u>58</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7408</u>	Tbg setting date: <u>12/29/2008</u>	Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>			
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: Y Print Name: CINDY VUE

Title: REG ANALYST II Date: 4/21/2010 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 *David S. Neslin*

COGCC Approved: _____ **Director of COGCC** Date: 9/15/2010