

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: MICHAEL NAGEL  
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 05-123-22289-00 6. County: WELD  
7. Well Name: TURKEY Well Number: 17-19  
8. Location: QtrQtr: NWNE Section: 19 Township: 3N Range: 65W Meridian: 6

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>07/24/2007</u>		Date of First Production this formation: <u>07/29/2007</u>		
Perforations	Top: <u>7044</u>	Bottom: <u>7350</u>	No. Holes: <u>144</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>NIOBRARA/CODELL COMMINGLED</u>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>09/05/2007</u>	Hours: <u>      </u>	Bbls oil: <u>      </u>	Mcf Gas: <u>      </u>	Bbls H2O: <u>      </u>
Calculated 24 hour rate:		Bbls oil: <u>15</u>	Mcf Gas: <u>265</u>	Bbls H2O: <u>0</u> GOR: <u>17667</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1200</u>	Tubing PSI: <u>850</u>	Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1205</u>	API Gravity Oil: <u>51</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7289</u>	Tbg setting date: <u>07/24/2007</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: MICHAEL.NAGEL

Title: REG ANALYST II Date: 5/6/2010 Email MICHAEL.NAGEL@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