

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:

1653961

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: MICHAEL NAGEL
Phone: (720) 929-6000
Fax: (720) 929-7461

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

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