

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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COMPLETED INTERVAL REPORT

Document Number:  
1667525

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) 929-6000  
Fax: (720) 929-7461

5. API Number 05-123-07860-00  
6. County: WELD  
7. Well Name: DONALD K.NORGREN UNIT B  
Well Number: 1  
8. Location: QtrQtr: NENE Section: 24 Township: 3N Range: 67W Meridian: 6

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING  
Treatment Date: 03/04/2010 Date of First Production this formation: 03/12/2010  
Perforations Top: 7036 Bottom: 7318 No. Holes: 118 Hole size: 38/100  
Provide a brief summary of the formation treatment: Open Hole:   
NB PERF 7036-7173 HOLES 64 SIZE 0.42 CD PERF 7300-7318 HOLES 54 SIZE 0.38  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 03/27/2010 Hours: 24 Bbls oil: 19 Mcf Gas: 67 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 19 Mcf Gas: 67 Bbls H2O: 0 GOR: 3526  
Test Method: FLOWING Casing PSI: 0 Tubing PSI: 0 Choke Size: \_\_\_\_\_  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1220 API Gravity Oil: 50  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7269 Tbg setting date: 03/04/2010 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/04/2010 Date of First Production this formation: 03/12/2010  
Perforations Top: 7036 Bottom: 7173 No. Holes: 64 Hole size: 42/100

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

NO ADDITIONAL TREATMENT. COMMINGLED WITH CODELL.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: CINDY VUE

Title: REGULATORY ANALYST I Date: 4/1/2010 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.

COGCC Approved: David S. Neslin Director of COGCC Date: 9/15/2010