

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:

2554331

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) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30636-00 6. County: WELD
7. Well Name: HOMESTEAD Well Number: 22-4
8. Location: QtrQtr: NWNW Section: 4 Township: 2N Range: 67W Meridian: 6

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 04/27/2010 Date of First Production this formation: 05/06/2010
Perforations Top: 7634 Bottom: 7912 No. Holes: 126 Hole size: 40/100

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

NB PERF 7634-7760 HOLES 66 SIZE 0.42. CD PERF 7892-7912 HOLES 60 SIZE 0.40. FRAC NB W/500 GAL 15% HC1 & 248,094 GAL SW W/200,180# 30/50 & 4,000# 20/40 SB EXCEL. FRAC CD W/208,908 GAL SW W/150,160# 30/50 & 4,000# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/17/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 104 Bbls H2O: 0 GOR: 4333
Test Method: FLOWING Casing PSI: 900 Tubing PSI: _____ Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1270 API Gravity Oil: 46
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: _____ Print Name: CINDY VUE

Title: REGULATORY ANALYST II Date: 5/19/2010 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: 9/17/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554331	FORM 5 SUBMITTED	LF@2495043 2554331

Total Attach: 1 Files