

**FORM
5A**Rev
02/08State 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

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.

Document Number:

2554297

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 05-123-30650-00 6. County: WELD
7. Well Name: NELSON Well Number: 30-35
8. Location: QtrQtr: SENW Section: 35 Township: 2N Range: 68W Meridian: 6

Completed IntervalFORMATION: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 04/12/2010 Date of First Production this formation: 05/06/2010
Perforations Top: 7628 Bottom: 7946 No. Holes: 120 Hole size: 38/100

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

NB PERF 7628-7808 HOLES 60 SIZE 0.47. CD PERF 7926-7946 HOLES 60 SIZE 0.38. FRAC NB W/500 GAL 15% HC1 & 247,842 GAL SW W/201,900# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/205,548 GAL SW W/150,040# 40/70 & 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: 30 Mcf Gas: 64 Bbls H2O: 0 GOR: 2133
Test Method: FLOWING Casing PSI: 1050 Tubing PSI: _____ Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 47
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 VUETitle: 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: 9/20/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554297	FORM 5A SUBMITTED	LF@2495061 2554297

Total Attach: 1 Files