

**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



DE ET OE ES

Document Number:

2554398

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: 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 05-123-30450-00 6. County: WELD
7. Well Name: ADLER Well Number: 38-33
8. Location: QtrQtr: SESE Section: 33 Township: 3N Range: 68W Meridian: 6

Completed IntervalFORMATION: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 11/10/2009 Date of First Production this formation: 01/05/2010
Perforations Top: 7191 Bottom: 7474 No. Holes: 116 Hole size: 40/100

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

NBRR PERF 7191-7324 HOLES 62 SIZE 0.42. CODL PERF 7456-7474 HOLES 54 SIZE 0.40. FRAC NBRR W/249,710 GAL SW & 200,660# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CODL W/219,129 GAL SW W/150,680# 40/70 & 4,000# 20/40 SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 02/10/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: 85 Mcf Gas: 175 Bbls H2O: 0 GOR: 2059
Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1472 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: 5/18/2010 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
2554398	FORM 5A SUBMITTED	LF@2494890 2554398

Total Attach: 1 Files