

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:
2554402

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) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-24141-00
6. County: WELD
7. Well Name: BARNEY
Well Number: 35-14
8. Location: QtrQtr: SESW Section: 14 Township: 3N Range: 66W Meridian: 6

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 09/19/2006 Date of First Production this formation: 09/26/2006
Perforations Top: 7514 Bottom: 7530 No. Holes: 64 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole:
FRAC CODL W/ 164,761 GAL SW & 115,760# 30/50 SAND.
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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 09/26/2006

Perforations Top: 7274 Bottom: 7530 No. Holes: 189 Hole size: 38/100

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

NBRR PERF 7274-7396 HOLES 125 SIZE 0.42. CODL PERF 7514-7530 HOLES 64 SIZE 0.38.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/12/2007 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 39 Mcf Gas: 178 Bbls H2O: 0 GOR: 4564

Test Method: FLOWING Casing PSI: 900 Tubing PSI: 700 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1208 API Gravity Oil: 7

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7472 Tbg setting date: 12/12/2006 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: 09/19/2006 Date of First Production this formation: 09/26/2006

Perforations Top: 7274 Bottom: 7396 No. Holes: 125 Hole size: 42/100

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

FRAC NBRR W/ 178,803 GAL SW & 114,535# 30/50 SAND.

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: _____ Print Name: CINDY VUE

Title: REGULATORY ANALYST II Date: 5/17/2010 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. Nashin Director of COGCC Date: 9/20/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554402	FORM 5A SUBMITTED	LF@2500425 2554402

Total Attach: 1 Files