

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:
2554391

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, reoperation 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 05-123-28051-01
6. County: WELD
7. Well Name: WILLIAMS
Well Number: 24-20X
8. Location: QtrQtr: NWSE Section: 20 Township: 2N Range: 68W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 09/03/2009 Date of First Production this formation: 10/19/2009
Perforations Top: 7404 Bottom: 7674 No. Holes: 120 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole:
NBRR PERF 7404-7488 HOLES 60 SIZE 0.38. CODL PERF 7654-7674 HOLES 60 SIZE 0.38. FRAC NBRR W/503 GAL HC1 & 246,080 GAL SW W/200,900# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CODL W/205,164 GAL SW W/150,360# 40/70 & 4,000# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/11/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: 35 Mcf Gas: 161 Bbls H2O: 0 GOR: 4600
Test Method: FLOWING Casing PSI: 2013 Tubing PSI: 1621 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7617 Tbg setting date: 03/31/2010 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:

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: 7/29/2010 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
2554391	FORM 5A SUBMITTED	LF@2494898 2554391

Total Attach: 1 Files