

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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Document Number:

2554655

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 05-123-30454-00 6. County: WELD
7. Well Name: ADLER Well Number: 22-34
8. Location: QtrQtr: NWSW Section: 34 Township: 3N Range: 68W Meridian: 6

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/27/2009</u>		Date of First Production this formation: <u>09/24/2009</u>	
Perforations	Top: <u>7415</u> Bottom: <u>7435</u>	No. Holes: <u>60</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>FRAC W/206,833 GAL SW AND 150,720# 40/70 & 4,000# 20/40 SB EXCEL.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>04/27/2010</u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u> Bbls H2O: <u> </u>
Calculated 24 hour rate:	Bbls oil: <u>34</u>	Mcf Gas: <u>217</u>	Bbls H2O: <u>0</u> GOR: <u>6383</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>609</u>	Tubing PSI: <u>547</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1239</u>	API Gravity Oil: <u>50</u>
Tubing Size: <u>2 + 38/100</u>	Tubing Setting Depth: <u>7388</u>	Tbg setting date: <u>03/11/2010</u>	Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>			
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>			
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>			

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 Date: 5/20/2010 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. *David S. Nestlin*

COGCC Approved: _____ Director of COGCC Date: 9/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554655	FORM 5A SUBMITTED	LF@2501001 2554655

Total Attach: 1 Files