

**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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Document Number:

1688470

**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 05-123-30656-00 6. County: WELD  
7. Well Name: MILLER Well Number: 31-28  
8. Location: QtrQtr: SENE Section: 29 Township: 3N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>05/07/2010</u>		Date of First Production this formation: <u>06/08/2010</u>		
Perforations	Top: <u>7222</u>	Bottom: <u>7502</u>	No. Holes: <u>126</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>NBRR PERF 7222-7371 HOLES 62 SIZE 0.42. CODL PERF 7486-7502 HOLES 64 SIZE 0.38. FRAC NBRR W/500 GAL 15% HC1 &amp; 243,497 GAL SW &amp; 201,900# 40/70 SAND &amp; 4,000# SB EXCEL. FRAC CODL W/202,326 GAL SW &amp; 150,280# 40/70 SAND &amp; 4,000# SB EXCEL.</div>				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>				
Date: <u>06/11/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>24</u>	Mcf Gas: <u>258</u>	Bbls H2O: <u>0</u>	GOR: <u>10750</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2250</u>	Tubing PSI: _____	Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1247</u>	API Gravity Oil: <u>53</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div></div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 6/18/2010 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: 10/14/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
1688470	FORM 5A SUBMITTED	LF@2510011 1688470

Total Attach: 1 Files