

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2555259

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) 929-6832  
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30776-00 6. County: WELD  
 7. Well Name: BELLA FEDERAL Well Number: 36-7  
 8. Location: QtrQtr: SESE Section: 7 Township: 3N Range: 66W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
 Treatment Date: 03/29/2010 Date of First Production this formation: 05/11/2010  
 Perforations Top: 7328 Bottom: 7619 No. Holes: 124 Hole size: 38/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 NB PERF 7328-7468 HOLES 64 SIZE 0.38. CD PERF 7604-7619 HOLES 60 SIZE 0.38. FRAC NB W/500 GAL 15% HC1 & 249,798 GAL SW W/201,040# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/205,719 GAL SW W/151,340# 40/70 & 4,000# 20/40 SB EXCEL.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 05/25/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 25 Mcf Gas: 276 Bbls H2O: 0 GOR: 11040  
 Test Method: FLOWING Casing PSI: 0 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1247 API Gravity Oil: 55  
 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 Date: 6/2/2010 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    |
|-------------|-------------------|--------------------|
| 2555259     | FORM 5A SUBMITTED | LF@2503238 2555259 |

Total Attach: 1 Files