

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: 2555263

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 City: DENVER State: CO Zip: 80217-37 Fax: (720) 929-7832

5. API Number 05-123-30783-00 6. County: WELD
7. Well Name: BELLA FEDERAL Well Number: 37-7
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: 04/01/2010 Date of First Production this formation: 05/18/2010
Perforations Top: 7175 Bottom: 7446 No. Holes: 128 Hole size: 40/100
Provide a brief summary of the formation treatment: Open Hole:
NB PERF 7175-7312 HOLES 64 SIZE 0.42. CD PERF 7430-7446 HOLES 64 SIZE 0.40. FRAC NB W/504 GAL 15% HC1 & 235,326 GAL SW W/201,340# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/210,924 GAL SW W/151,180# 40/70 & 4,000# 20/40 SB EXCEL.
This formation is commingled with another formation: Yes No
Test Information:
Date: 05/30/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 450 Bbls H2O: 0 GOR: 21429
Test Method: FLOWING Casing PSI: 11 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
2555263	FORM 5A SUBMITTED	LF@2503234 2555263

Total Attach: 1 Files