

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:

2555377

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 05-123-30099-00 6. County: WELD
7. Well Name: VARRA Well Number: 23-2
8. Location: QtrQtr: SESW Section: 2 Township: 2N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/22/2010</u>	Date of First Production this formation: <u>05/12/2010</u>
Perforations Top: <u>7182</u> Bottom: <u>7460</u>	No. Holes: <u>120</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NB PERF 7182-7322 HOLES 60 SIZE 0.42. CD PERF 7440-7460 HOLES 60 SIZE 0.38. FRAC NB W/500 GAL 15% HC1 & 246,684 GAL SW W/200,440# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/205,311 GAL SW W/150,020# 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>06/04/2010</u> Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: <u>6</u> Mcf Gas: <u>15</u> Bbls H2O: <u>0</u> GOR: <u>2500</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1700</u> Tubing PSI: _____ Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1333</u> API Gravity Oil: <u>49</u>
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
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 VUE

Title: REGULATORY Date: 6/7/2010 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
2555377	FORM 5A SUBMITTED	LF@2505789 2555377

Total Attach: 1 Files