

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:

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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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Kenny Trueax
Phone: (720) 929-6383
Fax: (720) 929-7383

5. API Number 05-123-31195-00
6. County: WELD
7. Well Name: VOGL
Well Number: 26-6
8. Location: QtrQtr: NWNW Section: 5 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/26/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7798</u> Bottom: <u>7828</u>	No. Holes: <u>60</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>J Sand Perfs: 7798-7828 Holes: 60 Size: 38</u> <u>Frac J sand w/ 147,770 gal SW w/ 116,320# 40/70 sand, 4,000# SB Excel sand</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>10/05/2010</u>	Hours: <u>24</u>	Bbls oil: <u>50</u>	Mcf Gas: <u>326</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>50</u>	Mcf Gas: <u>326</u> Bbls H2O: <u>0</u> GOR: <u>6520</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1000</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1271</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: _____			

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>10/08/2010</u>		Date of First Production this formation: <u>08/26/2010</u>			
Perforations	Top: <u>7142</u>	Bottom: <u>7386</u>	No. Holes: <u>126</u>	Hole size: <u>0.47</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NB Perf: 7142-7248 Holes: 66 Size: .47 CD Perf: 7366-7386 Holes: 60 Size: .38 Frac NB w/ 250 gal 15% HCl & 245,954 gal SW w/ 201,060# 40/70 sand, 4,000# SB Excel sand Frac CD w/ 204,078 gal SW w/ 150,040# 40/70 sand, 4,000# SB Excel sand					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>10/05/2010</u>	Hours: <u>24</u>	Bbls oil: <u>50</u>	Mcf Gas: <u>326</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>50</u>	Mcf Gas: <u>326</u>	Bbls H2O: <u>0</u>	GOR: <u>6520</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1000</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1271</u>	API Gravity Oil: <u>49</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: Kenny Trueax

Title: Regulatory Analyst II Date: _____ Email Kenny.Trueax@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: _____ Director of COGCC Date: _____