

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:

1688482

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 05-123-31092-00 6. County: WELD
7. Well Name: FREDERICK STATE Well Number: 2-36
8. Location: QtrQtr: SWNE Section: 36 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>05/11/2010</u>	Date of First Production this formation: <u>05/20/2010</u>
Perforations Top: <u>7493</u> Bottom: <u>7796</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>NBRR PERF 7493-7643 HOLES 66 SIZE 0.40. CODL PERF 7778-7796 HOLES 54 SIZE 0.38. FRAC NBRR W/500 GAL 15% HC1 & 243,894 GAL SW & 200,380# 40/70 SAND & 4,120# SB EXCEL. FRAC CODL W/206,346 GAL SW & 150,800# 40/70 SAND & 4,340# 40/70 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>26</u> Mcf Gas: <u>51</u> Bbls H2O: <u>0</u> GOR: <u>1962</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>850</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1412</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: REGUALTORY ANALYST II Date: 6/11/2010 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: 10/20/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1688482	FORM 5A SUBMITTED	LF@2509999 1688482

Total Attach: 1 Files