

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:

2556286

**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) 9296836  
3. Address: P O BOX 173779 Fax: (720) 9297832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-26485-00 6. County: WELD  
7. Well Name: SKYWAY Well Number: 3-11  
8. Location: QtrQtr: NWNW Section: 11 Township: 5N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/08/2009</u>	Date of First Production this formation: <u>09/14/2009</u>
Perforations Top: <u>7030</u> Bottom: <u>7368</u>	No. Holes: <u>138</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NB PERF 7030-7260 HOLES 74 SIZE 0.42. CD PERF 7352-7368 HOLES 64 SIZE 0.38. FRAC NB W/ 500 GAL 15% HCl W/ 239373 GAL SW W./ 200120# 40/70 AND 4000# 20/40 SB EXCEL. FRAC CD 03/17/2009 W/ 193771 GAL SW W/ 150800# 40/70 AND 4220# 20/40 SB EXCEL.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>06/12/2010</u> Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: <u>17</u> Mcf Gas: <u>116</u> Bbls H2O: <u>0</u> GOR: <u>6824</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>671</u> Tubing PSI: <u>631</u> Choke Size: <u>28/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1280</u> API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7310</u> Tbg setting date: <u>03/04/2010</u> 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 ANALYST II Date: 6/25/2010 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: 10/21/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2556286	FORM 5A SUBMITTED	LF@2512372 2556286

Total Attach: 1 Files