

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



DE ET OE ES

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 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 05-123-31006-00 6. County: WELD
 7. Well Name: BURCHFIELD STATE Well Number: 23-16
 8. Location: QtrQtr: NWSE Section: 16 Township: 3N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING
 Treatment Date: 09/20/2010 Date of First Production this formation: 10/04/2010
 Perforations Top: 7596 Bottom: 7613 No. Holes: 62 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
Frac JSND w/ 148,470 gal SW & 115,000# 40/70 sand & 4,000# SB Excel.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/27/2010 Hours: 24 Bbls oil: 23 Mcf Gas: 72 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 23 Mcf Gas: 72 Bbls H2O: 0 GOR: 3130
 Test Method: FLOWING Casing PSI: 2250 Tubing PSI: _____ Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 48
 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: _____

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 09/20/2010 Date of First Production this formation: 10/04/2010

Perforations Top: 6919 Bottom: 7178 No. Holes: 96 Hole size: 0.47

Provide a brief summary of the formation treatment: _____ Open Hole:

NBRR Perf 6919-7045 Holes 64 Size 0.47 CODL Perf 7162-7178 Holes 32 Size 0.47
Frac NBRR w/ 250 gal 15% HCl & 242,888 gal SW & 220,260# 40/70 sand & 4,000# SB Excel.
Frac CODL w/ 131,628 gal Super Z LpH & 220,060# 20/40 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/27/2010 Hours: 24 Bbls oil: 23 Mcf Gas: 22 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 23 Mcf Gas: 22 Bbls H2O: 0 GOR: 957

Test Method: FLOWING Casing PSI: 2250 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 48

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 Analyst II Date: _____ 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: _____ Director of COGCC Date: _____