

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:

400107170

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 05-123-23025-00 6. County: WELD
 7. Well Name: SPARBOE Well Number: 8-35
 8. Location: QtrQtr: SENE Section: 35 Township: 2N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 10/14/2010 Date of First Production this formation: 11/04/2010

Perforations Top: 7192 Bottom: 7206 No. Holes: 84 Hole size: 0.4

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

Reperf CODL 7192-7206 Holes 28 Size 0.40.
Refrac CODL w/ 203,322 gal SW & 150,900# 40/70 sand & 4,000# SuperLC.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 09/14/2010 Date of First Production this formation: 07/19/2005

Perforations Top: 7650 Bottom: 7697 No. Holes: 114 Hole size: 0.34

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

Set sand plug @ 7448'.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

JSND temporarily abandoned for CODL refrac/NBRR recomplete.

Date formation Abandoned: 09/14/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7448 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/14/2010 Date of First Production this formation: 11/04/2010

Perforations Top: 6964 Bottom: 7206 No. Holes: 138 Hole size: 0.4

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

NBRR Perf 6964-7058 Holes 54 Size 0.42 CODL Perf 7192-7206 Holes 84 Size 0.40
Frac NBRR w/ 250 gal 15% HCl & 245,072 gal SW & 200,940# 40/70 sand & 4,000# SuperLC.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 0 GOR: _____

Test Method: FLOWING Casing PSI: 1592 Tubing PSI: 549 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1176 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7182 Tbg setting date: 10/27/2010 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: _____