

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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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 05-123-18226-00 6. County: WELD
 7. Well Name: ALLEN Well Number: 41-12
 8. Location: QtrQtr: NENE Section: 12 Township: 4N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/12/2010 Date of First Production this formation: 11/08/2010
 Perforations Top: 6786 Bottom: 7098 No. Holes: 118 Hole size: 0.38

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

NBRR Perf 6786-6970 Holes 64 Size 0.38 CODL Perf 7090-7098 Holes 54 Size 0.38
 Reperf NBRR 6786-6970 Holes 52 Size 0.38.
 Refrac NBRR w/ 252 gal 15% HCl & 171,839 gal Dynaflo 2 Hybrid & 254,720# 20/40 sand & 4,000# SB Excel.
 Reperf CODL 7090-7098 Holes 48 Size 0.38.
 Trifrac CODL w/ 200,932 gal SW & 150,380# 30/50 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/10/2010 Hours: 24 Bbls oil: 56 Mcf Gas: 250 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 56 Mcf Gas: 250 Bbls H2O: 0 GOR: 4464
 Test Method: FLOWING Casing PSI: 1200 Tubing PSI: _____ Choke Size: 34/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1299 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: _____