

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

Document Number:

2554639

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 05-123-23496-00 6. County: WELD
 7. Well Name: BARCLAY Well Number: 15-14
 8. Location: QtrQtr: SWSE Section: 14 Township: 2N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/13/2010 Date of First Production this formation: 04/26/2010

Perforations Top: 7504 Bottom: 7521 No. Holes: 67 Hole size: 42/100

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

REPERF CODL 7504-7520 HOLES 16 SIZE 0.42. REFRAC CODL W/203,532 GAL SW & 150,080# 40/70 SAND & 4,000 # 20/40 SB EXCEL.

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/13/2010 Date of First Production this formation: 04/26/2010

Perforations Top: 7234 Bottom: 7521 No. Holes: 139 Hole size: 38/100

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

NBRR PERF 7234-7378 HOLES 72 SIZE 0.38 CODL PERF 7504-7521 HOLES 67 SIZE 0.42

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/10/2010 Hours: 24 Bbls oil: 18 Mcf Gas: 95 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 18 Mcf Gas: 95 Bbls H2O: 0 GOR: 5278

Test Method: FLOWING Casing PSI: 720 Tubing PSI: 540 Choke Size: 0

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1408 API Gravity Oil: 48

Tubing Size: 2 + 24/64 Tubing Setting Depth: 7478 Tbg setting date: 04/19/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 04/13/2010 Date of First Production this formation: 04/26/2010

Perforations Top: 7234 Bottom: 7378 No. Holes: 72 Hole size: 38/100

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

FRAC NBRR W/500 GAL 15% HCL & 246,418 GAL SW & 200,520# 40/70 SAND & 4,000# 20/40 SB EXCEL.

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: _____

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: 5/19/2010 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: 11/18/2010

Attachment Check List

Att Doc Num	Name
2554639	FORM 5A SUBMITTED

Total Attach: 1 Files