

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:

2555614

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 05-123-23201-00 6. County: WELD
 7. Well Name: SCHNEIDER STATE Well Number: 20-36
 8. Location: QtrQtr: SESE Section: 36 Township: 5N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 05/03/2010 Date of First Production this formation: 08/13/2007

Perforations Top: 7776 Bottom: 7826 No. Holes: 100 Hole size: 42/100

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

SET SAND PLUG @ 7480'. OUR INTENT IS TO REMOVE SAND PLUG TO COMMINGLE WELL WITHIN THE NEXT SIX MONTHS.

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: SOLD Gas Type: WET 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: 05/03/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7480 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/14/2010 Date of First Production this formation: 05/18/2010

Perforations Top: 7000 Bottom: 7336 No. Holes: 154 Hole size: 38/100

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

NBRR PERF 7000-7213 HOLES 60 SIZE 0.47. CODL PERF 7316-7336 HOLES 94 SIZE 0.38.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/28/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 3 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 15 Mcf Gas: 3 Bbls H2O: 0 GOR: 200

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1265 API Gravity Oil: 54

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 Date: 6/10/2010 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: 11/23/2010

Attachment Check List

Att Doc Num	Name
2555614	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)