

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:

2555617

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) 929-6832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-13218-00 6. County: WELD
 7. Well Name: HAYES Well Number: 1-20
 8. Location: QtrQtr: NENE Section: 20 Township: 5N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 04/28/2010 Date of First Production this formation: 12/12/1986
 Perforations Top: 7383 Bottom: 7400 No. Holes: 47 Hole size: 38/100
 Provide a brief summary of the formation treatment: Open Hole:

 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: 04/28/2010 Date of First Production this formation: 05/12/2010

Perforations Top: 7067 Bottom: 7400 No. Holes: 111 Hole size: 38/100

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

NBRR PERF 7067-7273 HOLES 64 SIZE 0.38. CODL PERF 7383-7400 HOLES 47 SIZE 0.38.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/24/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 42 Bbls H2O: 0 GOR: 14000

Test Method: FLOWING Casing PSI: 404 Tubing PSI: 389 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7338 Tbg setting date: 05/06/2010 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: 04/28/2010 Date of First Production this formation: 05/12/2010

Perforations Top: 7067 Bottom: 7273 No. Holes: 64 Hole size: 38/100

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

FRAC NBR w/ 504 gal 15% HC1 & 249,787 gal sw & 200,360# 40/70 sand & 4,260# 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 Date: 6/8/2010 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. Nashin Director of COGCC Date: 11/23/2010

Attachment Check List

Att Doc Num	Name
2555617	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)