

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2556291

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) 9296836
3. Address: P O BOX 173779 Fax: (720) 9297832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-15692-00 6. County: WELD
7. Well Name: FORT SAINT VRAIN Well Number: 22
8. Location: QtrQtr: NWSW Section: 10 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 03/30/2010 Date of First Production this formation: 06/12/1992

Perforations Top: 7105 Bottom: 7125 No. Holes: 40 Hole size: _____

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

REFRAC CODL W/ 122682 GAL PHASER AND 261120# 20/40 SAND AND 4000# OTTAWA. CODL RETURNED TO PRODUCTION 06/07/2010 AFTER REFRAC.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/10/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 48 Bbls H2O: 0 GOR: 24000

Test Method: FLOWING Casing PSI: 693 Tubing PSI: 656 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1428 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7076 Tbg setting date: 04/09/2010 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: 6/24/2010 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: 11/24/2010

Attachment Check List

Att Doc Num	Name
2556291	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)