

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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Document Number:

2556291

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) 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: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/30/2010</u>	Date of First Production this formation: <u>06/12/1992</u>
Perforations Top: <u>7105</u> Bottom: <u>7125</u>	No. Holes: <u>40</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/10/2010</u> Hours: <u></u>	Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u>
Calculated 24 hour rate:	Bbls oil: <u>2</u> Mcf Gas: <u>48</u> Bbls H2O: <u>0</u> GOR: <u>24000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>693</u> Tubing PSI: <u>656</u> Choke Size: <u>64/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1428</u> API Gravity Oil: <u>48</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7076</u>	Tbg setting date: <u>04/09/2010</u> Packer Depth: <u></u>
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>	Sacks cement on top: <u></u>

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

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Total: 0 comment(s)