

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:

2556474

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 05-123-14445-00 6. County: WELD
7. Well Name: KEITH Well Number: 1
8. Location: QtrQtr: NWNW Section: 9 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/07/2010</u>	Date of First Production this formation: <u>04/19/2005</u>
Perforations Top: <u>6894</u> Bottom: <u>7223</u>	No. Holes: <u>170</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NBRR PERF 6894-7110 HOLES 120 SIZE 0.42. CODL PERF 7213-7223 HOLES 50 SIZE 0.38. TRI-FRAC CODL W/ 123236 GAL SUPER Z LPH AND 261140# 20/40 SAND. NB-CD RETURNED TO PRODUCTION 06/11/2010 AFTER CODL TRI-FRAC.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/22/2010</u> Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>5</u> Mcf Gas: <u>115</u> Bbls H2O: <u>0</u> GOR: <u>23000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>490</u> Tubing PSI: <u>425</u> Choke Size: <u>28/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1224</u> API Gravity Oil: <u>63</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7173</u>	Tbg setting date: <u>04/13/2010</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 6/28/2010 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
2556474	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)