

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:

2556474

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/07/2010 Date of First Production this formation: 04/19/2005

Perforations Top: 6894 Bottom: 7223 No. Holes: 170 Hole size: 38/100

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

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.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 06/22/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 115 Bbls H2O: 0 GOR: 23000

Test Method: FLOWING Casing PSI: 490 Tubing PSI: 425 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1224 API Gravity Oil: 63

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7173 Tbg setting date: 04/13/2010 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: 6/28/2010 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

Total: 0 comment(s)