

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:
2556504

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) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-20861-00 6. County: WELD
7. Well Name: HERMAN FEDERAL Well Number: 14-7A
8. Location: QtrQtr: SESW Section: 7 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 06/09/2010 Date of First Production this formation: 06/16/2010

Perforations Top: 7811 Bottom: 7840 No. Holes: 58 Hole size: 38/100

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

REMOVE SAND PLUG TO COMMINGLE JSND W/NB-CD.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/28/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 38 Bbls H2O: 0 GOR: 2533

Test Method: FLOWING Casing PSI: 642 Tubing PSI: 565 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7792 Tbg setting date: 06/09/2010 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/09/2010 Date of First Production this formation: 07/23/2008

Perforations Top: 7142 Bottom: 7372 No. Holes: 124 Hole size: 42/100

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

NBRR PERFF 7142-7230 HOLES 60 SIZE 0.42. CODL PERF 7356-7372 HOLES 64 SIZE 0.42. NO ADDITIONAL TREATMENT.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/28/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 27 Bbls H2O: 0 GOR: 9000

Test Method: FLOWING Casing PSI: 642 Tubing PSI: 565 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7792 Tbg setting date: 06/09/2010 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 Date: 6/30/2010 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: 11/30/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)