

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:

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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) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-21865-00 6. County: WELD
7. Well Name: WARDELL Well Number: 6-20
8. Location: QtrQtr: SENW Section: 20 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/07/2010</u>	Date of First Production this formation: <u>06/21/2010</u>
Perforations Top: <u>6996</u> Bottom: <u>7290</u>	No. Holes: <u>140</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NBRR PERF 6996-7158 HOLES 60 SIZE 0.42 CODL PERF 7276-7290 HOLES 80 SIZE 0.38 REPERF CODL 7276-7290 HOLES 56 SIZE 0.38. REFRAC CODL W/202,213 GAL SW & 150,700# 40/70 SAND & 4,000# SB EXCEL.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/24/2010</u> Hours: <u> </u> Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u>	
Calculated 24 hour rate: <u> </u> Bbls oil: <u>15</u> Mcf Gas: <u>164</u> Bbls H2O: <u>0</u> GOR: <u>10933</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1235</u> Tubing PSI: <u>1003</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1247</u> API Gravity Oil: <u>59</u>	
Tubing Size: <u>2 + 24/64</u> Tubing Setting Depth: <u>7230</u> Tbg setting date: <u>06/14/2010</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: 7/8/2010 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: 12/1/2010

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)